

1955 West Baseline Road, Suite 113-624, Mesa, AZ 85202 • www.iapaindia.org • 480.274.3561 • dlr33consulting@gmail.com

## **Summer Internship Program Application**

Please fill out the following application and return the completed form by email attachment to <a href="mailto:dlr33consulting@gmail.com">dlr33consulting@gmail.com</a> by January 15, 2018.

| Full Name:                |                                                    |                                   |
|---------------------------|----------------------------------------------------|-----------------------------------|
| Date of birth (mm/dd/yy): |                                                    | lajor:                            |
| Years in college:         |                                                    |                                   |
| Mailing Address:          |                                                    |                                   |
| Email Address:            |                                                    |                                   |
| Phone Number:             |                                                    |                                   |
| 1.                        | Please detail any previous Work/Volunteer/Com      | nunity Service:                   |
| 2.                        | Current extracurricular activities (sports, clubs, | etc):                             |
| 3.                        | . Why do you want to be part of the Student Interr | Program with IAPA?                |
| 4.                        | What skills and qualities would you bring to the S | Student Intern Program with IAPA? |
| 5.                        | How do you feel you will benefit from being a Stu  | dent Intern with IAPA?            |
| 6.                        | What other information about you do you feel is    | relevant to this position.        |