

1955 West Baseline Road, Suite 113-624, Mesa, AZ 85202 • www.iapAIDS.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 **December 6, 2019**.

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

7. Are you considering any other Study Abroad Opportunities? If Yes - please list: