Intern Application

AVAILABILITY
Check All That Apply: ☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday

CONTACT INFORMATION	
Name	**Date of Birth**
Email address	**Primary Phone Number**

ADDRESS	
Address Line 1 (Street Location)	
Address Line 2	
City	**State**
Zip Code	**County**

ACADEMIC INFORMATION		
High School		
Dates Attended	**Major**	**GPA**
City	**State**	**Zip Code**

Degree (Y/N)	**If no, anticipated graduation date?**

Undergraduate College/University		
Dates Attended	**Major**	**GPA**
City	**State**	**Zip Code**
Degree (Y/N)	**If no, anticipated graduation date?**	

Graduate College/University		
Dates Attended	**Major**	**GPA**
City	**State**	**Zip Code**
Degree (Y/N)	**If no, anticipated graduation date?**	

RELEVANT COURSEWORK

Please identify any courses that may be relevant to work at the MCA.

AREA OF INTEREST

Check All That Apply: ☐ Communications ☐ Enforcement ☐ Data Analytics
☐ Policy and Government Affairs ☐ Public Health ☐ Science/Laboratory

SKILLS OR QUALIFICATIONS

Please identify and summarize any skills or qualifications from previous employment, including volunteer activities that will be helpful to the MCA.

REFERENCES

Please list the name(s) and contact information below for the individuals preparing the required letter(s) of recommendation

Reference #1

Name	Organization/Title
Email address	**Primary Phone Number**

Reference #2

Name	Organization/Title
Email address	**Primary Phone Number**

Reference #3 (Optional)

Name	Organization/Title
Email address	**Primary Phone Number**

_____   _____
SIGNATURE OF APPLICANT   DATE

_____   _____
PRINTED NAME OF APPLICANT   DATE