



## Internship Application

<b>AVAILABILITY</b>		
<b>Check All That Apply:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<b>CONTACT INFORMATION</b>		
<b>Name</b>	<b>Date of Birth</b>	
<b>Email address</b>	<b>Primary Phone Number</b>	
<b>ADDRESS</b>		
<b>Address Line 1 (Street Location)</b>		
<b>Address Line 2</b>		
<b>City</b>	<b>State</b>	
<b>Zip Code</b>	<b>County</b>	
<b>ACADEMIC INFORMATION</b>		
<b>High School</b>		
<b>Dates Attended</b>	<b>Major</b>	<b>GPA</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Degree (Y/N)</b>	<b>If no, anticipated graduation date?</b>
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<b>Undergraduate College/University</b>		
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<b>Dates Attended</b>	<b>Major</b>	<b>GPA</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Degree (Y/N)</b>	<b>If no, anticipated graduation date?</b>
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<b>Graduate College/University</b>		
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<b>Dates Attended</b>	<b>Major</b>	<b>GPA</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Degree (Y/N)</b>	<b>If no, anticipated graduation date?</b>
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<b>RELEVANT COURSEWORK</b>
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Please identify any courses that may be relevant to work at the MCA.

<b>AREA OF INTEREST</b>
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**Check All That Apply:**     Communications     Enforcement     Data Analytics  
 Policy and Government Affairs     Public Health     Science/Laboratory

<b>SKILLS OR QUALIFICATIONS</b>
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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

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SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
DATE