

APPLICATION FOR Spring 2024 CITY FELLOWS INTERNSHIP PROGRAM		
PERSONAL INFORMATION		
Name:		
Date of birth:	Cell Phone:	Email:
Street Address:		
City:	State:	ZIP Code:
ACADEMIC INFORMATION		
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
Major:		Cum GPA:
Minor:		Expected Graduation:
Sam ID:		
<b>BY SIGNING BELOW, I GRANT PERMISSION TO UNIVERSITY STAFF:</b> <b>(1) TO CONSULT WITH MY REFERENCES, PROFESSORS, AND OTHER UNIVERSITY OFFICIALS TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE, AND</b> <b>(2) TO DISCLOSE TRANSCRIPTS, RESUME, AND OTHER RELEVANT INFORMATION TO PROSPECTIVE INTERN AGENCIES TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE.</b> <b>MY SIGNATURE ON THIS APPLICATION ATTESTS TO THE FACT THAT ALL INFORMATION INCLUDED IS TRUE.</b>		
Applicant Signature:		Date:

### Additional Requirements:

- 1) One-page copy of your resume in MS Word. Use the template offered on the website.
- 2) Include two references, including their (a) name, (b) position and company, and (c) phone number.

Please email your completed, signed application form and additional required documentation to: [mike.yawn@shsu.edu](mailto:mike.yawn@shsu.edu), with "City Fellows" in the Subject Line. Applications are due by November 15, 2023 at 5:00pm.

**"City Fellows" Internship Program**  
**LEAP Center (Office: CHSS 477)**  
**936.294-1456 / [mike.yawn@shsu.edu](mailto:mike.yawn@shsu.edu)**