



Student Application Texas Rural Internship Program



Name: _____
First Middle Last

Address: _____
Street City State Zip

Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Sam ID: _____ ¹DL#: _____ Email: _____

²Health Insurance Information: _____
Company Phone Group #

Do you have a reliable vehicle?

- ☐ Yes
☐ No

In case of emergency, contact: _____
Name Relationship

Emergency Contact's Phone Number Emergency Contact's Email Address

Current Classification:

- ☐ Freshman³
☐ Sophomore
☐ Junior
☐ Senior

Current SHSU GPA: _____

Major: _____ Minor: _____

¹ Students must have a current driver's license and vehicle during the entire internship.

² Students must carry health insurance during the entire internship. Students not currently carrying health insurance are expected to secure insurance and provide appropriate information to the Center for Rural Studies before this internship application can be considered complete.

³ Students with current freshman standing are not allowed to participate in internships without proper departmental approval.

Would you consider yourself more urban or rural? _____

What is the name of your hometown?_____

If you have lived in more than one place, please list those places here:_____

Personal Skills & Talents of the Intern Applicant:

(Skills, leadership, qualities, background, volunteer work, etc.)

Personal Reflection:

Why are you applying for this internship?

What are your long-term career goals, and how will this internship help you to reach those goals?

References:

Please provide contact information for at least two references.

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Date: _____ **Signature:** _____

Please return this application to:

Dr. Shannon M. Lane

slane@shsu.edu

Center for Rural Studies

CHSS, 270-O

Box 2446

Huntsville, Texas 77341