

## APPLICATION FOR Summer 2026 LEAP Internships

### PERSONAL INFORMATION

Name:

Date of birth:

Cell Phone:

Email:

Street Address:

City:

State:

ZIP Code:

### ACADEMIC INFORMATION

Classification:  Freshman    Sophomore    Junior    Senior    Graduate

Major:

Cum GPA:

Minor:

Expected Graduation:

Sam ID:

**BY SIGNING BELOW, I GRANT PERMISSION TO UNIVERSITY STAFF:**

**(1) TO CONSULT WITH MY REFERENCES, PROFESSORS, AND OTHER UNIVERSITY OFFICIALS TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE, AND**

**(2) TO DISCLOSE TRANSCRIPTS, RESUME, AND OTHER RELEVANT INFORMATION TO PROSPECTIVE INTERN AGENCIES TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE.**

**MY SIGNATURE ON THIS APPLICATION ATTESTS TO THE FACT THAT ALL INFORMATION INCLUDED IS TRUE.**

**Applicant Signature:**

**Date:**

### Additional Requirements:

- 1) One-page copy of your resume in MS Word. Use the template offered on the website.
- 2) On the second page of your resume, include two references, including their (a) name, (b) position and company, and (c) phone number. Please do not submit letters of recommendation.

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 April 15 at 5:00pm.

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