

When requested, please type answers on an attached sheet of paper.

INTERN CURRENT CONTACT INFORMATION:

Name of Intern: _____
 Address – Street: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Univ. of Rochester E-mail address: _____

INTERN PERMANENT CONTACT INFORMATION:

Address – Street: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Alternate E-mail address: _____

SCHOOL INFORMATION:

Student ID (if returning) or Social Security # (if not returning): _____
 At the time I will be in this internship position, I will be: Alumni Graduate student Undergraduate student
 Expected (or actual) Date of Graduation: _____ Studio Teacher: _____
 Degree Program: _____ Instrument: _____

ELIGIBILITY/ FINANCIAL/ OTHER:

Do you have an I-9 on file in the Financial Aid Office? _____ Yes _____ No
 Are you a current UR employee*? _____ Yes _____ No
 (*student worker or receive graduate stipend) _____ **Employee ID** (6 digit number in HRMS)

RÉSUMÉ/ QUALIFICATIONS/ GOALS

- **RÉSUMÉ** -- Please attach a current résumé outlining your background, work experience and qualifications for this internship. Be sure to include any work experience you have had at Eastman.
- **GOALS** -- On a separate sheet, please identify your long term career goals. How will this position complement these professional objectives? What prior experiences qualify you for this position?

POSITION APPLICATION:

Type of Internship: Summer Post Graduate
 Planned dates of internship: From _____ To _____ Hours Per Week _____
 Host Organization: _____ Position Title: _____
 Attachments: Intern Job Description Form: Summer/ Post Grad Host Application for Intern

REQUESTED FUNDING:

Estimated expenses (**detail on an attached sheet**, show totals for each category below):

Room	\$
Travel	\$
Other (identify)	\$
TOTAL requested funding	\$

You will be living: at Home Rental (single) Rental (shared) Other: _____

Other pertinent financial information including **additional sources of income**, student loan payments, other expenses, etc. must be detailed on an attached sheet if necessary.

SIGNATURE:

Applicant: _____ Date: _____