

Brenner FIT Intern Application

Name: _____ Phone Number: _____

D.O.B. ____/____/____ Email: _____

Mailing Address: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Number of Hours Required: _____

Foreign Languages Spoken: _____

Level of language skill: Can understand Can speak some Conversational Proficient

School: _____

Major: _____

Minor: _____ G.P.A.: _____

Expected graduation date: _____

How did you hear about Brenner FIT? _____

Why are you interested in an internship with Brenner FIT? (Fill in box below)

What strengths and skills do you feel you could bring to Brenner FIT?

Availability: (please mark all days and list times you are available each day, **including evenings**)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

