

UNIVERSITY OF PENNSYLVANIA
NEWCOMBE/CLASS of 1975 ENDOWED FUND
INTERNSHIP APPLICATION 2011

NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

GRAD DATE

CUM GPA

GPA IN MAJOR

CAMPUS OR LOCAL ADDRESS _____

PHONE NUMBER _____ E-MAIL _____

PERMANENT ADDRESS _____

PHONE NUMBER _____ E-MAIL _____

ARE YOU AN ACTIVE STUDENT ENROLLED IN A DEGREE-BEARING PROGRAM?

____ YES ____ NO SCHOOL _____ MAJOR _____

INDICATE SOURCES AND APPROXIMATE AMOUNTS OF FINANCIAL AID:

_____ PENN SCHOLARSHIP/GRANT _____ SELF

_____ FEDERAL/STATE/LOCAL LOAN(S) _____ PARENTS

_____ FUNDING FROM OTHER SOURCES (PLEASE SPECIFY) _____

BRIEFLY DESCRIBE YOUR DISABILITY AND ANY ACCOMMODATIONS REQUIRED AT
THE WORKSITE

WHAT ARE YOUR CAREER GOALS? _____

HOW WILL AN INTERNSHIP ENHANCE YOUR ABILITY TO ATTAIN YOUR CAREER GOALS?

WHAT TYPE OF INTERNSHIP ARE YOU SEEKING? (INCLUDE A DESCRIPTION OF THE FIELD/AREA AND DUTIES DESIRED.)

IF YOU HAVE IDENTIFIED A POSSIBLE INTERNSHIP PLACEMENT, LIST THE COMPANY OR ORGANIZATION, PROJECTED START DATE, AND PROPOSED DUTIES OR RESPONSIBILITIES

DESCRIBE RELEVANT INTERESTS AND HOBBIES _____

HAVE YOU PREVIOUSLY RECEIVED A NEWCOMBE INTERNSHIP?

_____ NO _____ YES IF YES, WHEN? _____

PLEASE ATTACH A RESUME THAT SUMMARIZES YOUR PAID AND VOLUNTEER WORK EXPERIENCE. ALSO, PLEASE ATTACH ANY ADDITIONAL INFORMATION OR COMMENTS YOU WISH TO HAVE CONSIDERED.

ACKNOWLEDGEMENT AND CONSENT

I UNDERSTAND THAT THIS INFORMATION MAY BE USED IN SUBMITTING GRANT APPLICATIONS. I ACKNOWLEDGE AND CONSENT TO RELEASE OF THE INFORMATION PROVIDED.

SIGNATURE

DATE