

Full Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

Current/Past College Attended: _____

Major and/or Minor: _____

Expected Graduation Date: _____

Number of hours available to dedicate to this internship: _____

Please complete the following and submit along with this application:

1. California State Application ([STD. 678](#)). The application can be obtained from [this link](#).
2. Resume.
3. Cover letter describing how receiving this internship would help you in achieving your educational and professional goals.
4. College Transcripts.

Signature

I certify that the above information and all of the materials contained in this application package are true and correct.

Signature: _____ Date: _____