



# INTERNSHIP APPLICATION

Name:

\_\_\_\_\_  
LAST FIRST M.I.

Address:

\_\_\_\_\_  
STREET UNIT CITY STATE ZIP

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Type of internship:

- Non-Academic
- Academic (time and supervision requirements): \_\_\_\_\_

Duration of Internship: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hrs./wk: \_\_\_\_\_

Desired Program Area of Internship (please list your top 3):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Educational Background: *(starting with most recent)*

SCHOOL	STATE	DEGREE & MAJOR	DATES ATTENDED	GRAD.DATE

References: (other than family members)

NAME	PHONE	RELATIONSHIP	TIME KNOWN

Additional Required Information:

- 1) Resume (include work and other related experience)
- 2) Cover letter (include future career goals, personal values, etc. and how they align with Breakthrough's mission statement and core values).

I certify that all the information I have provided above is true, complete and correct. I authorize Breakthrough to contact and obtain information from all references listed, and to otherwise verify the accuracy of information provided by me in this application. I understand that any information found to be false will be sufficient cause to eliminate me from consideration for an internship or may result in the termination of my internships, whenever it is discovered.

Signature: \_\_\_\_\_

Please send applications with attention to  
 Jenny Kieser, Volunteer Engagement Coordinator: [jkieser@breakthrough.org](mailto:jkieser@breakthrough.org)  
 Fax (773) 722-1434 or mail 402 N St. Louis Ave Chicago, IL 60624