

College of Agricultural Sciences Alumni Society

**Internship Award
Application**

Handwritten forms will not be accepted

Application:

Name: _____

Student Number: _____

E-mail: _____

Local Address: _____

Local Phone or cell: _____

Home Address: _____

Major: _____

Semester standing while participating in the internship: _____

Academic Advisor: _____

Advisor Phone/Email: _____

Company Name: _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Phone/Email: _____

Type of Enterprise: _____

Semester internship scheduled (mark one): Fall 2016 Spring 2017 Summer 2017

Start Date: _____ End Date: _____

Position Title: _____ Credits if applicable: _____

Criteria:

Self-nomination packets must include the following documents.

1. Completed application form.
2. A report that is three to five pages, single-spaced, 12-point font with one-inch margins, and submitted in a two pocket folder, including the following discussion points.
 - Goals for the internship or what you wanted to gain from the internship.
 - Process used to achieve your goals or specific tasks you completed to meet your goals.
 - Evaluation of internship goals. Were your goals achieved or not achieved? How did the internship strengthen your professional skills and interpersonal relationships in professional settings? Include an appraisal of the internship as it relates to your interests and career goals.

(Appendices may be included, but judges are not required to review them. An outstanding report will clearly describe the internship; demonstrate personal interest and commitment to meeting internship goals, show an understanding of the experience and how it relates to future career goals)

3. Completed employer evaluation form.
4. Your academic advisor signature on application form noting the nomination packet has been reviewed.
5. Completed news release form.

Incomplete packets or those received after the deadline for submission will not be considered.

Academic Advisor:

Your academic advisor's signature is required to complete the application.

Academic Advisor Print Name: _____

Academic Advisor Signature: _____

Date Signed: _____

Deadline: September 15, 2017 4:00 p.m.

Submit to: 229 Agricultural Administration Building, University Park, 814-865-2717