



Connecting people.
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Please send to:
Cammeo Medici,
Iowa Council for International Understanding
1000 Walnut Street, Suite #1105
Des Moines. IA 50309

Internship Application

Date: _____

PERSONAL INFORMATION

Name _____

Address _____

_____ (city) _____ (state) _____ (zip)

Phone _____ E-Mail _____

ACADEMIC INFORMATION

College/University _____ GPA _____

Yr in School _____ Major(s) _____

AVAILABILITY

Semester Applying for _____ Fall _____ Spring _____ Summer

Hours Available (M) _____ (T) _____ (W) _____ (TH) _____ (F) _____

Start Date _____ End Date _____

ACADEMIC CREDIT

Are you receiving academic credit? _____ If yes, please provide advisor's contact info.

If yes, Contact _____ Phone: _____

BACKGROUND INFORMATION

Work Experience: Please attach a resume and/or include name of company / organization, address, phone number, type of business, your position and length of service below:

1. _____

2. _____

3. _____