



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT
 DIVISION OF ECONOMIC DEVELOPMENT
INTERNSHIP APPLICATION FORM

Applicant's Name: _____

School/Organization: _____

Major: _____ Expected Graduation Date: _____

Preferred Internship Dates: _____ Please Circle Year Enrolled: F S J S

Local Street Address: _____

City: _____ State: _____ Zip: _____

Local Telephone #: _____ Email _____

College Advisor: _____ Phone: _____

REFERENCE

Name: _____ Telephone: _____

Relationship: _____

REFERENCE

Name: _____ Telephone: _____

Relationship: _____

List any special skills or interests that you will bring to the internship

List computer programs and/or platforms you have utilized as well as any relevant experience(s) you may have for this internship

What are your goals for the internship

Signature: _____ Date: _____

Type initials above.