



Internship/Fellowship Application

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Apartment/Unit #

City State Zip Code

Phone: () - E-mail Address: _____

Effective Until: _____

Permanent Address: _____
Street Apartment/Unit #

City State Zip Code

EEO-1 Information

Gender: Male Female

Racial/Ethnic Background: American Indian or Alaskan Native Black or African American Native Hawaiian or other Pacific Islander
 Asian Hispanic or Latino White (not Hispanic)
 Two or More Races (not Hispanic) Please list the one race above with which you most strongly identify: _____

Age: _____ Date of Birth: _____

I-9 Eligibility: U.S. Citizen Permanent Resident F-1 Visa Other: _____

Academic Information

Classification: Freshman Sophomore Junior Senior
 Graduate Post-Graduate Fellowship

Major: _____ Minor: _____ GPA _____ (Cumulative)

Expected Graduation Date: _____

Internship Departments

Please submit a separate application form for each department of interest.

Please choose from the following departments: *(one choice per application)*

- Affiliate Affairs
- Communications and The Nation's Health
- Government Relations
- Learning & Global Public Health
- Learning & Professional Developmental Programs
- Membership & Component Affairs
- Public Health Policy
- Publications (Marketing and Advertising)

Semester/Term Availability

Please submit a separate application form for each semester/term of interest.

Semester/Term	Fall	Spring	Summer
Approximate Timelines	Sept 1 – Dec 15	Jan 15 – May 1	June 1 – Aug 15
Application Deadline	July 15	Dec 1	April 15

Please choose from the following semester/term: *(one choice per application)*

- Sept 1 – Dec 15 *(Deadline July 15)*
- Jan 15 – May 1 *(Deadline Dec 1)*
- June 1 – Aug 15 *(Deadline April 15)*