



Internship Committee Attn:  
Tracey Jackson  
PO Box 1612  
Shreveport, LA 71165-1612

## Reaching Toward the Future Internship Application

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Classification:  Sophomore  Junior  Senior

Major Area(s) of Study: \_\_\_\_\_

### **Phone Numbers Where You Can Be Reached:**

Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### **Your Mailing Address at School:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

### **Your Permanent Mailing Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

I understand that I will be responsible for housing and transportation during the Internship. The two cities I would like to work in are:

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

“I acknowledge and understand that the final consideration for the internship program is contingent upon my meeting the qualifications/criteria set forth by the participating credit unions. I authorize the AACUC to obtain a copy of my credit report to be considered for the Internship.”

***IMPORTANT: Applications must be postmarked by March 30, 2012.***

Social Security Number: \_\_\_\_\_

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