



Reaching Toward the Future

INTERNSHIP PROGRAM

Internship Committee
ATTN: Andrew Vassell
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APPLICATION

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Day: _____ Evening: _____ Cell: _____

Email Address: _____

Educational Institution: _____

School Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Classification: Sophomore Junior Senior

Major Area(s) of Study: _____

EMERGENCY CONTACTS

Contact #1 Name: _____ **Contact #1 Relationship:** _____

Contact #1 Telephone: _____

Contact #2 Name: _____ **Contact #2 Relationship:** _____

Contact #2 Telephone: _____

ACKNOWLEDGEMENTS:

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 and/or 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.

Social Security #: _____ **Signature:** _____ **Date:** _____