



Reaching Toward the Future

INTERNSHIP PROGRAM

Internship Committee
P.O. Box 39213
Snellville, GA 30039
AACUC_Interns@aacuc.org

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: _____