



SUMMER INTERNSHIP PROGRAM APPLICATION

Please return the completed application to:

Michigan History Center, Internship Program

Attn: Sara Gross

702 W. Kalamazoo St.

Lansing, MI 48915

Email: GrossS3@Michigan.gov

NAME: _____ **TODAY'S DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ **PRIMARY PHONE:** _____

WHICH INTERNSHIP ARE YOU APPLYING FOR?

WHICH COLLEGE OR UNIVERSITY DO YOU ATTEND?

WHAT IS YOUR CURRENT STANDING

(Undergraduate/Graduate; Sophomore, Senior, First Year, etc)

WHAT IS YOUR MAJOR?

PLEASE LIST COURSEWORK YOU HAVE COMPLETED THAT IS RELEVANT TO THIS INTERNSHIP:

DO YOU PLAN TO COMPLETE THIS INTERNSHIP FOR CREDIT THROUGH YOUR COLLEGE OR UNIVERSITY?

Yes No