



THE
GOVERNOR'S
FOUNDATION
FOR
HEALTH
AND
WELLNESS

**The Governor's Foundation
for Health and Wellness**
INTERNSHIP APPLICATION

Please submit this application with a **current resume, one letter of recommendation, and a cover letter** detailing your interest and what you would hope to gain in an internship with the Governor's Foundation for Health and Wellness.

NOTE: Those applying for internships with the Foundation **must** be rising college juniors or seniors.

Semester for which you are applying: _____

1. PERSONAL INFORMATION

Name: _____

Home mailing address: _____

School mailing address: _____

Cell phone #: _____

E-mail address: _____

Date of birth: _____

Parent/Guardian's name: _____

Parent/Guardian's phone number: _____

2. EDUCATION

Undergraduate/Graduate institutions: _____

Major/Minor: _____

Year: _____ GPA: _____

Scholastic Honors: _____

3. AREAS OF INTEREST

Please rank your areas of interest.

- Communications _____ ▪ Performance Measures _____ ▪ Programs & Best Practices _____
- Research _____ ▪ Rewards and Recognition _____

4. PRIOR INTERNSHIPS OR WORK EXPERIENCE *(begin with most recent, if applicable)*

Employer Name & Address:

Supervisor: _____ Supervisor's Phone # _____

Start Date: _____ End Date: _____

Duties and Responsibilities: _____

Employer Name & Address:

Supervisor: _____ Supervisor's Phone # _____

Start Date: _____ End Date: _____

Duties and Responsibilities: _____

5. AVAILABILITY

- | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
| <input type="radio"/> Morning | <input type="radio"/> Morning | <input type="radio"/> Morning | <input type="radio"/> Morning | <input type="radio"/> Morning |
| <input type="radio"/> Afternoon | <input type="radio"/> Afternoon | <input type="radio"/> Afternoon | <input type="radio"/> Afternoon | <input type="radio"/> Afternoon |

Additional Notes or Availability _____

6. REFERENCE

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Please email completed applications and the accompanying documents to:

Jennings@HealthierState.org

If you have any questions, please call, 615.610.1883.