



HEALTH PROMOTIONS AT MAZZONI CENTER
INTERNSHIP APPLICATION

General Information

Name: _____

Address: _____

Phone: _____

Email: _____

Academic Information

School: _____

Course of Study/Concentration: _____

Year: _____

Dates of Placement (m/yr to m/yr): _____ to _____

Availability:

Practicum Internship

Experience

Please list prior positions held, including any previous internships, practicum or other relevant volunteer work.

Professional Goals

What do you expect to gain from this experience (please be specific)?

In Your Own Words

Is there anything else you would like to share about yourself that you believe contributes to your selection?