



Paramount Internship Application

MR. MS. MRS. First Name _____ Last _____

DATE OF BIRTH: ____/____/____ CITIZENSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS _____

CURRENT ADDRESS: (until ____/____/____)

STREET _____ CITY _____

STATE _____ ZIP _____

PERMANENT ADDRESS:

STREET _____ CITY _____

STATE _____ ZIP _____

COLLEGE/UNIVERSITY: _____

Degree: _____ Major: _____ Graduation Date: _____

***Please provide your transcripts so we may see the applicable classes you have taken.**

Are you fluent in a language other than English? If yes, please list languages _____

I wish to earn college credit for this internship.

First choice internship concentration: _____

Second choice internship concentration: _____

EXACT DATES OF AVAILABILITY: ____/____/____ until ____/____/____

If accepted, I will be able to secure a place to live in Aurora.

From whom are your letters of recommendation?

1. NAME: _____ POSITION/TITLE: _____

RELATIONSHIP TO APPLICANT: _____

2. NAME: _____ POSITION/TITLE: _____

RELATIONSHIP TO APPLICANT: _____

How did you hear about this internship program?