



Internship Application

**General Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

Address City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

**Academic Information**

High School: \_\_\_\_\_

Name City State Zip

College: \_\_\_\_\_

Name City State Zip

G.P.A. \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please Circle One: Freshman Sophomore Junior Senior

Will you be receiving credit for your internship through your school?      Yes      No

**On Campus/Community Involvement**

Organizations, Activities, Hobbies: \_\_\_\_\_

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**Certification**

In signing below, I certify that the information provided in this application is accurate.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Checklist**

Resume

Typed letter of interest

<b>Semester for which you are applying:</b>			
Fall	Winter	Spring	Summer
<b>Year:</b>			
<b>Please send your completed application to:</b>			
Osni Ponca, LLC			
Attn: Otto LaPointe			
2756 'O' Street			
Lincoln, NE 68510			
Phone: (402) 434-2127			
Fax: (402) 434-2128			