

IDA STUDENT INTERN APPLICATION

Name _____

Address _____

Phone Number(s) _____

E-mail Address _____

Areas of Interest/Project Idea(s) _____

Degree Program (Check One) AA BA/BS MA/MS JD PhD
Major _____ Other _____

List Course Work Related to Internship _____

Name Your College/University of Attendance _____

Provide anticipated Graduation Date _____

Advisor's Name _____ Address _____ Phone Number _____

List Two References:

1) _____
Name Address Phone Number

2) _____
Name Address Phone Number

Will this Internship be for credit towards a degree program? Yes No

You are available? (Check all that apply)

Spring Summer Fall Winter Anytime

Days of Week Available _____ Hours of Days Available _____

(Please attach a resume and cover letter to this application)

Contact: IDA Student Intern Coordinator at terry.hornbuckle@iowa.gov or 515-725-3333.