



Internship Application

In order to be considered for an internship with the Hmong Education Archives & Library (HEAL), your application must be reviewed and signed by your organization/institution supervisor and HEAL site-supervisor. Please turn in this completed Internship Application along with your resume to HEAL at 343 Michigan Street, Saint Paul, MN 55102 or email this form to hmongarchives.org@gmail.com

(Please type or print legibly)

NAME:

First Last

ADDRESS:

Street

City State Zip

Phone Numbers Email Address

ACADEMIC:

School/College's Name Major Program

Student Classification: () Undergraduate () Graduate () Doctoral () Other _____

EDUCATION BACKGROUND:

High School Major Degree

College Major Degree

College Major Degree

WORK EXPERIENCES:

Company/Institution Type of Work Dates of Employment

Company/Institution Type of Work Dates of Employment

Company/Institution Type of Work Dates of Employment

Applicant's Signature: _____ Date: _____

INSTITUTION INFORMATION:

Name of Organization/Institution _____

Academic Department _____

Address _____

City _____ State _____ Zip _____

Supervisor/Faculty's Name _____ Title _____

Email Address _____ Phone Numbers _____

Supervisor/Faculty's Signature: _____ Date: _____

INTERNSHIP AVAILABILITY:

Your job title at the internship, if any: _____

Internship Session: () FALL _____ () SPRING _____ () SUMMER _____ Total Hours _____

Start Date _____ End Date _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
() Morning From: _____ To: _____	() Morning From: _____ To: _____	() Morning From: _____ To: _____	() Morning From: _____ To: _____	() Morning From: _____ To: _____	() Morning From: _____ To: _____
() Afternoon From: _____ To: _____	() Afternoon From: _____ To: _____	() Afternoon From: _____ To: _____	() Afternoon From: _____ To: _____	() Afternoon From: _____ To: _____	() Afternoon From: _____ To: _____
() Evening From: _____ To: _____	() Evening From: _____ To: _____	() Evening From: _____ To: _____	() Evening From: _____ To: _____	() Evening From: _____ To: _____	() Evening From: _____ To: _____

<p>Submit completed form to:</p> <p>Hmong Education Archives & Library 343 Michigan Street Saint Paul, MN 55102 Email to: hmongarchives.org@gmail.com</p>	<p>For Hmong Education Archives & Library Use Only:</p> <p>Received Date: _____</p> <p>_____</p> <p style="text-align: center;"><i>(Approved by HEAL)</i></p>
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