

The L.A. Trust for Children's Health

2017 Summer Internship Application



Full Name

Date

Address

Phone

E-mail

Name of Institution

Field of study

Name of school

Degree in process

Estimated graduation date

Internship hours required?

If so, how many hours

Please Respond to the following set of questions using only the space provided: 350

Character Count Max

Why are you interested in an internship with the L.A. Trust?

What is your career goal upon graduation?

Computer skills/software

How did you learn about The L.A. Trust?

Area(s) of Interest

1st

2nd

3rd