



INTERNSHIP APPLICATION FORM

WHICH SEMESTER? FALL, SPRING, SUMMER (CIRCLE) YEAR? _____

NAME: _____

SCHOOL: _____

MAJOR: _____

YEAR: (CIRCLE) FRESHMAN SOPHOMORE JUNIOR SENIOR

INTENDED DATE OF GRADUATION: _____

HOURS AVAILABLE TO WORK: (WE ASK THAT YOU COMMIT TO WORK FOR THE ENTIRE SEMESTER AND FOR A MINIMUM OF 20 HOURS PER WEEK)

Table with 5 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY. Each column has an empty box for input.

PREFERRED STARTING DATE: _____

PREFERRED ENDING DATE: _____

ARE YOU A FULL TIME COLLEGE STUDENT? _____

HOW MANY HOURS DO YOU PLAN TO TAKE? _____

WILL YOU RECEIVE COURSE CREDIT FOR YOUR INTERNSHIP? _____

WHAT ARE YOUR PROFESSIONAL GOALS? _____

Please fax or email this application together with a résumé, cover letter, and letter of recommendation to Stefania Tafuro at 512.472.5009; stefania@castlehillfitness.com

All internships are unpaid. More information can be found at: http://www.castlehillfitness.com/community

Thank you for applying for an internship position with Castle Hill Fitness!

