



# EdgeAlliance<sup>SM</sup>

REVOLUTIONIZING NONPROFITS. TRANSFORMING LIVES.

## EdgeAlliance Internship Application

### Contact Information

Name:	
Address:	
City, State, Zip:	
Home Phone:	
Work Phone:	
E-Mail:	
College/University Attending:	
Degree you are pursuing:	
Which Internship are you applying for:	<input type="checkbox"/> Development & Marketing <input type="checkbox"/> Grant Writing <input type="checkbox"/> Special Events
Why are you interested in this Internship:	
What would you like most to learn from your Internship experience:	
Would you like this Internship to apply toward college credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Availability

**During which hours are you available during the week:**

- Monday     Tuesday     Wednesday  
 Thursday     Friday

**During which days are you available in the week:**

- Weekday mornings  
 Weekday afternoons

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, volunteer work, or through other activities, including hobbies or sports: