

**MINORITY
INTERNSHIP
PROGRAM**

Minority Internship Program

**FIVE
UNIVERSITY
CONSORTIUM**

**PARTICIPATING
UNIVERSITIES**

Chicago State University
Eastern Illinois University
Governors State University
Northeastern IL University
Western Illinois University

**For more information con-
tact:**

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The Minority Internship Program is designed specifically for full-time undergraduate and graduate students enrolled at Chicago State, Governors State, Northeastern, Illinois, Eastern Illinois and Western Illinois Universities. The program is open to African Americans, Hispanic Americans, Asian Americans (or Pacific Islanders), Native Americans and Alaskan Natives. Selection is competitive and applicants must follow and complete the application process below.

APPLICATION INSTRUCTIONS

- ◆ Please read the brochure describing the internship program thoroughly before completing the application. **ALL RESPONSES SHOULD BE TYPEWRITTEN.**
- ◆ Write a 3-5 page, double spaced, typed essay and submit it with the completed application. In the essay, discuss your overall goals for the internship and comment on:
 - a) Skills and talents that you have developed in volunteer, academic, or work settings, and wish to continue to develop during the internship.
 - b) Areas of expertise you hope to develop:
 - c) Ways in which an internship experience will enhance your academic program; and
 - d) Plans for future personal, academic and professional development.
- ◆ Ask three people to submit letters of recommendation on your behalf. At least two of the people should be individuals who can evaluate your academic work.
- ◆ Arrange to have most recent college and/or university transcripts submitted directly from the Registrar's Office.
- ◆ Submit an updated copy of your resume.

**FIVE UNIVERSITY CONSORTIUM
MINORITY INTERNSHIP PROGRAM
APPLICATION FORM**

A. PERSONAL INFORMATION

NAME:

SOCIAL SECURITY NUMBER:

PERMANENT ADDRESS:

LOCAL ADDRESS:

TELEPHONE: ()

BIRTHDATE:

ETHNICITY: {Please circle one}

African American Hispanic American Asian American (or Pacific Islander) Native American Alaskan Native

GENDER: (Please check one)

Male

Female

PERSON TO BE NOTIFIED IN AN EMERGENCY:

NAME:

HOME ADDRESS:

TELEPHONE: ()

WORK ADDRESS:

CITIZENSHIP: Are you a U.S. Citizen? (Please check one)

Yes

No

If not, please provide a copy of alien registration card and number with application)

B. Academic Preparation

(Junior Colleges, Universities, Graduate & Professional Schools)

INSTITUTION	DATES ATTENDED	MAJOR & MINOR FIELDS	DEGREE OBTAINED SOUGHT
UNIVERSITY CUMULATIVE GPA		CUMULATIVE GPA IN MAJOR	

COURSE CREDITS COMPLETED

ACADEMIC LEVEL

JUNIOR

SENIOR

GRADUATE

GRADUATE DATE

HONORS (SCHOLARSHIPS, PRIZES, MEMBERSHIP IN HONOR SOCIETIES AND PROFESSIONAL ORGANIZATIONS, ETC.)

C. WORK EXPERIENCE

List your past employment, military, teaching, research, business and other work experience. List most recent employment first.

INSTITUTION/ORGANIZATION	NATURE OF WORK	DATES

D. SKILLS

Indicate skills which you possess and which you feel would contribute to an office or agency.

E. REFERENCES

List the three individuals whom you have asked to submit letters of recommendation on your behalf

1. Name Title Institution/Organization

Address

Telephone

2. Name Title Institution/Organization

Address

Telephone

3. Name Title Institution/Organization

Address

Telephone

F. INTERNSHIP AGREEMENT

I understand that this application for the Minority Internship Program plus the supporting documents I provide will be reviewed by the Five University Consortium and potential internship supervisors. I authorize the Five University Consortium to use the information on this form solely to access my eligibility for an internship. I certify that I personally completed this application and the information is accurate. I also understand that if I intentionally have provided false information my candidacy or enrollment in the program will be terminated or revoked.

Signature: _____ Date: _____