



Internship Application

Please email this completed form and a resume to jen@wcdpa.com

Name: _____

Email Address: _____

Cell Phone Number: _____

Do you have access to reliable transportation? _____

County of residence: _____

Schedule

How many hours per week are you willing to work? _____

How many days per week are you willing to work? _____

How many credits do you want to earn with this internship? _____

Do you have other scheduling preferences or restrictions? _____

Education

What is the name of your college? _____

When are you projected to graduate? _____

What is your major? _____

Name and contact information of your advisor if receiving credit:

Please attach a transcript or a list of relevant courses.