



INTERNSHIP APPLICATION

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2016-2017**

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NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

COLLEGE CURRENTLY ATTENDING: _____

ADVISOR CONTACT INFORMATION: _____

ANTICIPATED GRADUATION DATE: _____

PROJECTED INTERNSHIP DATES: _____

HOURS NEEDED FOR INTERNSHIP CREDIT (IF APPLICABLE): _____

INTERESTED IN THE FOLLOWING AREAS OF LAW: _____

NOT INTERESTED IN THE FOLLOWING AREAS OF LAW: _____

DAYS/TIMES AVAILABLE: FROM _____ TO _____

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

AREA OF ST. LOUIS / ILLINOIS YOU DESIRE TO WORK IN:

CLAYTON _____ DOWNTOWN _____ CHESTERFIELD _____

BELLEVILLE _____ EDWARDSVILLE _____ METRO EAST _____

OTHER _____

*** NOTE: MOST INTERNSHIPS ARE UNPAID.**

**** EVERY ATTEMPT WILL BE MADE TO MEET YOUR REQUESTS. IF WE DO NOT HAVE AN INTERNSHIP AVAILABLE IN THE AREA YOU ARE INTERESTED IN, WE MAY REFER YOU TO OTHER AREAS.**

***** INTERNSHIP ASSISTANCE ONLY AVAILABLE TO SPA MEMBERS.**