



NACD Internship Application

Please complete the following and submit this application, along with a cover letter and resume, to hr@nacdn.net.org.

Full Name _____ Date of Birth ____/____/____

Phone _____

Permanent Address _____
Street Address

City State ZIP

College _____ Year in School _____

Address _____
Street Address

City State ZIP

Accumulated GPA _____ Major/Minor _____

Email Address _____

Please list any clubs/extracurricular activities/leadership positions/jobs/honors (attach additional page if necessary):

Dates Available _____
Indicate interest in fall, spring or summer internship and dates available

Emergency Contact Information: Name _____

Relationship _____ Phone Number _____

Applicant Signature:

Print Name _____

Signature _____ Date ____/____/____