



# AVIAN CONSERVATION CENTER

CENTER FOR BIRDS OF PREY | SC OILED BIRD TREATMENT FACILITY | AVIAN MEDICAL CLINIC

## INTERNSHIP APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Affiliated Institution or University: \_\_\_\_\_

Major: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

Relevant work experience, internships and/or academic assignments: \_\_\_\_\_  
\_\_\_\_\_

Where did you hear about CBP's internship program? \_\_\_\_\_

Please complete and return this form with the following information:

- 1) A one-page cover letter that explains your interest in this internship program
- 2) Resume outlining educational background, work experience, etc.
- 3) Official transcript (if you are a graduate student, submit a copy of your undergraduate and graduate work to date)
- 4) Two professional and/or academic **written letters of recommendation** with contact information.
- 5) If pursuing academic credit, also include a letter of faculty sponsorship from a school official indicating their willingness to serve as your sponsor.
- 6) Please circle/highlight your preferred T-shirt size: *Small Medium Large XLarge XXLarge*

**CERTIFICATE OF APPLICANT:** Read carefully before signing.

I certify that the facts set forth in this Internship Application are true and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_