



GRIP Application

Name: _____

Email: _____

Phone: _____

College: _____

Year: _____

What Department are you interested in interning for?

- Education Marketing Development General Management
 General Administration Technical

What sort of internship are you applying for?

- Summer Semester Year

How many hours a week are you available?

Where did you hear about GRIP (please check all that apply)?

- Online Word of Mouth Gamm eNews Former GRIP intern
 Other: _____

Please list two professors or employers that can act as references for you.

Name: _____

Name: _____

Position: _____

Position: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Please type responses to the following questions on another sheet of paper.

What are your areas of interest?

What sort of skills can you bring to The Gamm and how can we help develop yours?