**TAP Internship (HDFS 294/HCD 598)**

Application Form

*Please fill out, save (making your last name part of the filename), and return.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  | Click here to enter text. | **Major:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Class Standing:** | Junior |
| **Phone**:  | Click here to enter text. | **Current GPA**: | Click here to enter text. |
| **# credits wanted:** | Click here to enter text. |  |  |

**Please answer the questions below. You can attach a resume, but it is not required.**

1. How would this practicum fit into your current interests or future goals?

Click here to enter text.

2. Please provide examples for how you have previously demonstrated your ability: 1) to honor work commitments and meet deadlines, 2) to work with others in a group or on a team, and 3) to work with the public (e.g., "customer service" skills**).**

Click here to enter text.

**Name and contact information for 3 references (including your advisor):**

Click here to enter text.

**Please indicate the hours you would have available for this internship (check clear areas only).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **M** | **T** | **W** | **Th** | **F** | **Sat** |
| 09:00 |[ ] [ ] [ ] [ ] [ ] [ ]
| 09:30 |[ ] [ ] [ ] [ ] [ ] [ ]
| 10:00 |[ ] [ ] [ ] [ ] [ ] [ ]
| 10:30 |[ ] [ ] [ ] [ ] [ ] [ ]
| 11:00 |[ ] [ ] [ ] [ ] [ ] [ ]
| 11:30 |[ ] [ ] [ ] [ ] [ ] [ ]
| 12:00 |[ ] [ ] [ ] [ ] [ ]   |
| 12:30 |[ ] [ ] [ ] [ ] [ ]   |
| 01:00 |[ ] [ ] [ ] [ ] [ ]   |
| 01:30 |[ ] [ ] [ ] [ ] [ ]   |
| 02:00 |[ ] [ ] [ ] [ ] [ ]   |
| 02:30 |[ ] [ ] [ ] [ ] [ ]   |
| 03:00 |[ ] [ ] [ ] [ ] [ ]   |
| 03:30 |[ ] [ ] [ ] [ ] [ ]   |
| 04:00 |[ ] [ ] [ ] [ ] [ ]   |
| 04:30 |[ ] [ ] [ ] [ ] [ ]   |
| 05:00 |[ ] [ ] [ ] [ ] [ ]   |
| 05:30 |[ ] [ ] [ ] [ ] [ ]   |
| 06:00 |  |  |  |[ ]   |  |
| 06:30 |  |  |  |[ ]   |  |
| 07:00 |  |  |  |[ ]   |  |
| 07:30 |  |  |  |[ ]   |  |
| 08:00 |  |  |  |[ ]   |  |
| 08:30 |  |  |  |  |  |  |
| 09:00 |  |  |  |  |  |  |

 **Please check the boxes below to acknowledge your availability for the mandatory sessions:**

|  |
| --- |
|[ ]  I will be able to attend the orientation meeting on from 4:00-5:30 PM the first day of class (Wednesday, see date on the website or syllabus).  |
|[ ]  I will be able to attend all other class sessions on Wednesdays from 4:00 – 5:30 PM during the semester. |

 *Please return to Anne Hall (****annehall@illinois.edu****) as an email attachment*