TAP Internship (HDFS 494)
Application Form

*Please fill out, save (*Please use the following save formatting: 2023_Spring_LastName.FirstName (adding in your name and choose summer or fall)*, and return (see below).*

Name:	Click here to enter text.	**Major:**	Click here to enter text.
Email:	Click here to enter text.	**Class Standing:**	Choose an item.
Phone:	Click here to enter text.	**Current GPA**:	Click here to enter text.
Semester applying for:	Click here to enter text.	**Credit hours desired:**	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
      3) to work with the public (e.g., "customer service" skills**).** Please include examples of your work with people with varying abilities if possible.

Click here to enter text.

3. What languages can you speak (English, Spanish, French, ASL, etc.)?

Click here to enter text.

Name and contact information for 3 references (include their relation to you- ex.co-worker etc.):

Click here to enter text.

Please indicate the hours you would have available for this internship. Please note that the internship requires 6-12 hours/week worked dependent upon credit hours requested, but we'd like you to list all your availability so we can create coverage for the resource room. You will only be assigned the number of hours/week corresponding with your credit hours.

Time	M	T	W	Th	F	Sat
9:00-9:30	☐	☐	☐	☐	☐	☐
9:30-10:00	☐	☐	☐	☐	☐	☐
10:00-10:30	☐	☐	☐	☐	☐	☐
10:30-11:00	☐	☐	☐	☐	☐	☐
11:00-11:30	☐	☐	☐	☐	☐	☐
11:30-12:00	☐	☐	☐	☐	☐	☐
12:00-12:30	☐	☐	☐	☐	☐	
12:30-1:00	☐	☐	☐	☐	☐	
1:00-1:30	☐	☐	☐	☐	☐	
1:30-2:00	☐	☐	☐	☐	☐	
2:00-2:30	☐	☐	☐	☐	☐	
2:30-3:00	☐	☐	☐	☐	☐	
3:00-3:30	☐	☐	☐	☐	☐	
3:30-4:00	☐	☐	☐	☐	☐	
4:00-4:30	☐	☐	☐	☐	☐	
4:30-5:00	☐	☐	☐	☐	☐	
5:00-5:30	☐	☐	☐	☐	☐	
5:30-6:00	☐	☐	☐	☐	☐	

*Please return to Adrienne Shockley (**amorris3@illinois.edu**) as an email attachment*