
MINORITY ACCESS, INC.

INTERNSHIP APPLICATION



- **MINORITY ACCESS, INC.** accepts applications from qualified college and university students for **PAID INTERNSHIPS** in the Washington, D.C. metropolitan area and other locations throughout the United States.
 - The Minority Access Internship Program is designed for students to experience the **DIVERSITY AND SCOPE OF PROFESSIONAL CAREER OPPORTUNITIES** available in the Federal Government and other entities.
-

MAIL APPLICATION TO:
MINORITY ACCESS, INC.
5214 Baltimore Avenue
Hyattsville, MD 20781
Tel: (301) 779-7100; Fax: (301) 779-9812
Website: www.minorityaccess.org

Minority Access, Inc. is a non-profit educational organization which provides technical assistance to minority serving institutions and minorities in order to improve the higher educational, professional and managerial employment of minorities.

MINORITY ACCESS INTERNSHIP APPLICATION

Please indicate the session and year (check only one) for which you are applying.

Fall ____ (year) Spring ____ (year) Summer ____ (year)

A separate application is needed for each period of internship.

FOR OFFICE USE ONLY	
Transcript	_____
Reference	_____
Essay	_____
Resume	_____
Other	_____

I. PERSONAL INFORMATION (PLEASE TYPE OR PRINT)

Name _____
Last First Middle

Current Address _____
Street Apartment Number City

State ZIP Current Telephone () _____

E-Mail Address _____

Permanent Address _____
Street Apartment Number City

State Zip Permanent Phone () _____

Date you will return to permanent address _____

Are you a U.S. Citizen? Yes ___ No ___ Date of Birth Month ___ Day ___ Year _____

If not a U.S. Citizen, are you a Permanent Resident? Yes ___ No ___ Alien Registration No. _____

Social Security Number ____/____/____ Place of Birth _____

Have you served in the United States Military Service? Yes ___ No ___

Are you currently on Active Duty Reserves or National Guard? Yes ___ No ___

Do you have a valid driver's license? Yes ___ State ___ License No. _____

Will you have the means to get to work if public transportation is not available? Yes ___ No ___

Parents, legal guardians, spouse or other persons to be notified in case of emergency.

Name _____ Relationship _____

Telephone Number(s): Home () _____ Work () _____

Address _____
Street Apartment Number City State Zip

Name _____ Relationship _____

Telephone Number(s): Home () _____ Work () _____

Address _____
Street Apartment Number City State Zip

II. EDUCATIONAL BACKGROUND

COLLEGES AND UNIVERSITIES ATTENDED. Please list most recent first.

Name and Location of College	Dates Attended	Degree and Graduation Date

ACADEMIC INFORMATION FOR CURRENT ENROLLMENT.

Graduate students should also list undergraduate information on second line.

Major	Minor	Classification	GPA

CURRENTLY ENROLLED COURSES AND CREDIT HOURS FOR EACH COURSE

(Indicate courses not listed on the transcript)

Courses	Credit Hours

III. HONORS, SCHOLARSHIPS, ACHIEVEMENTS AND AWARDS

IV. EXTRA CURRICULAR ACTIVITIES (College and Professional)

V. COMMUNITY ACTIVITIES

VI. LANGUAGE PROFICIENCY

Do you know sign language? Yes _____ No _____

Do you speak, write, and read English fluently? Yes _____ No _____

If no, please explain: _____

Do you speak, write, or read any other languages(s)? Yes _____ No _____

If yes, please indicate language(s): _____

VII. EMPLOYMENT (List paid and unpaid positions beginning with the most recent)

Employer / Address	Position or Duties	Dates

VIII. ABILITIES AND SKILLS (Computers, Laboratory techniques, Licenses, etc.)

IX. HOBBIES AND SPECIAL INTERESTS

X. ESSAY

Please submit your typed, one-page essay on a separate sheet of paper. Your writing will be evaluated for clarity, grammar, spelling and coherence. The essay should address the following:

- ◆ Why would you like to participate in the Minority Access Internship Program?
- ◆ How does this internship relate to your academic and career goals?
- ◆ What qualifications distinguish you from other potential interns?

XI. AVAILABILITY FOR ASSIGNMENT

INTERNS ARE EXPECTED TO WORK THE ENTIRE INTERNSHIP PERIOD.

Arrangements for alternate periods must be confirmed prior to the start of the internship. If you are not available to work the entire period of the internship, please give reason why and dates you are available.

Students accepting Minority Access internships are expected to make every effort to fulfill their commitments to the host sites and Minority Access for the agreed upon periods.

Where are you willing to work? (Check only one)

- (a) Any of the available internship sites Yes _____
- (b) The Washington, DC metropolitan area only Yes _____
- (c) Other specific area(s) only Yes _____

Indicate specific area(s) _____

Are you willing to work for any of the participating agencies? Yes _____ No _____

If no, please explain _____

Please note that limiting your availability to work in specific areas and with specific agencies may limit your opportunity in being selected for the program.

XII. DISCLOSURES

Failure to answer each question truthfully may delay processing your application and may be grounds for not hiring you.

Have you been dismissed from any job for unethical behavior? Yes _____ No _____

If yes, explain: _____

Are you **now** under charges or investigation for **any** violation of law committed as an adult? Yes _____ No _____

If yes, explain: _____

XIII. ACCOMMODATIONS

Will you need assistance in locating housing if placed in the Washington, D.C. area? Yes ___ No ___

Do you require auxiliary aids or services as specified under the American with Disabilities Act? (ADA)

If so, please explain: _____

XIV. RECRUITMENT INFORMATION

Have you participated previously in the Minority Access Internship Program? Yes _____ No _____

If yes, indicate when and where you were assigned. _____

If no, please state how you learned about the Minority Access Internship Program.

Applications will be reviewed by Minority Access, Inc. for completeness and eligibility while matching academic backgrounds to job requirements. Telephone interviews may be conducted by the agencies.

Final selections will be made by the host agencies. Minority Access, Inc. will notify applicants.

XV. SIGNATURE

I certify that the information submitted above is accurate to the best of my knowledge and I may be disqualified and/or dismissed if false information is presented. If for some reason it becomes necessary for me to withdraw my application, I agree to notify Minority Access, Inc. immediately so that I will not deprive someone else of the chance to participate. I give permission to Minority Access, Inc. to share this information for the purpose of recruitment and placement. In consideration of submitting this application, I recognize that by applying to Minority Access, Inc. programs, I grant Minority Access, Inc. freedom to use my name, likeness and/or words in the production of publicity, educational and promotional materials.

Signature of Applicant: _____

Date: _____