

Oswego SOAR Project
INTERN APPLICATION

Name: _____ ID No: _____

Local Address: _____ Local Phone: _____

Next Year Address: _____ Next Year Phone: _____

Major(s): _____ Cumulative GPA: _____ (must be at least 3.0)

Anticipated Graduation Date: _____ Email Address: _____

Please fill in where applicable: These courses are mandatory			
Course	Semester Taken	Professor	Final Grade
PSY 100			
PSY 320 or HDV 322			

List any other course(s) that you feel may be appropriate for the internship position you are applying for:

Course	Semester Taken	Professor	Final Grade

Briefly state why you are applying for the position of SOAR Intern:

Describe any experiences with children.

Describe your Volunteer Activities both in the community and at college.

Additional Information:

Please list the times you have class – or are not available – during the week to meet this semester.

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-10:30					
10:30-11:00					
11:00-11:30					
12:00-12:30					
12:30-1:00					
1:30-2:00					
2:00-2:30					
2:30-3:00					

Applicant Signature: _____ Date: _____

We reserve the right to review all applicants' SUNY Oswego Judicial history.

<p>OFFICE USE ONLY</p> <p>Interview Date: _____</p> <p>Comments:</p>
