



**University Migrant Services and
The Bertha and John Garabedian Charitable Foundation**

Today's Date: _____

Name: _____

PS#: _____

Address: _____

City, State, Zip: _____

Telephone - Day: _____ Evening: _____

Email: _____

Person to contact in case of emergency: _____

Relationship: _____ Address: _____

City, State, Zip: _____

Telephone - Day: _____ Evening: _____

Major: _____ Option: _____ Minor: _____

Professional Goal: _____

Faculty Advisor: _____ Extension: _____

Class Level: _____ Total Units Earned: _____ GPA: _____

Expected Graduation Date: _____ Degree: _____

Total Financial Aid Award: \$ _____ Year: _____

Semester/Year Applying For: _____

Do you have transportation? _____

*Please complete Page 2 and attach your resume
Turn in to Raúl Z. Moreno, Internship Coordinator,
University Migrant Services, Joyal #224, 5150 North Maple
Avenue, MS# JA62, Fresno, California 93740-8026,
(559) 278-5750, or fax (559) 278-2323, email raul_moreno@csufresno.edu.*

**Internship Program
Application**

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Do you already have an Internship Placement in mind? _____

If so, where? _____

(Please attach a job description and name and telephone number of supervisor along with this application)

If not, where would you like to intern? What type of agency? _____

What responsibilities would you like to have? _____

What skills would you like to learn? _____

How will this enhance your career? _____

What skills and experience, if any, would you bring to the agency? _____

Please write a brief paragraph describing why you feel you should be chosen to participate in the UMS/Garabedian Internship Program.

Signature

Date