

# CALIFORNIA ACADEMY OF SCIENCES SUMMER Internship Application Form

Contact: [rmooi@calacademy.org](mailto:rmooi@calacademy.org)

## *Application Form*

Please use this form to apply to the following internships:

**Summer Systematics Institute, Biological Illustration (please circle applicable internship)**

\_\_\_\_\_  
**Name:(last first middle)** \_\_\_\_\_

**Current mailing address:(street city state zip country)**  
\_\_\_\_\_  
\_\_\_\_\_

**Currently enrolled at:** \_\_\_\_\_

**Day phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Evening phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Fax number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email address: (very important!)** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Academic level:** \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

**Permanent address: (street city state zip country)**  
\_\_\_\_\_  
\_\_\_\_\_

**Phone number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ day evening

**United States citizen:** \_\_\_\_

**Yes, please indicate your state of residence:** \_\_\_\_\_

**No, please indicate your country of citizenship:** \_\_\_\_\_ **and if you are currently in the United States, your immigration status and visa information:**  
\_\_\_\_\_

**A letter of recommendation will be sent directly from the following two individuals:\***

**Dr., Mr./Ms.:** \_\_\_\_\_ last first  
middle

**Mailing address: (street city state zip country)**  
\_\_\_\_\_  
\_\_\_\_\_

**Dr., Mr./Ms.:** \_\_\_\_\_ last first  
middle

**Mailing address: (street city state zip country)**  
\_\_\_\_\_  
\_\_\_\_\_

\* Please note: Applicants lacking letters of recommendation will not be reviewed for a position in this program. It is the applicant's responsibility to ensure that letters of recommendation are received at the California Academy of Sciences before the application deadline. The application deadline for the summer session is February 16, 2007.

Briefly list all skills you have acquired that support your application for this Program (*such as word processing, languages, laboratory techniques, etc.*).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Briefly **list** all courses you have taken that are relevant to this Program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Briefly list field work, employment, or other related experiences which endorse your application for this program. Be sure to include any appropriate awards or offices held.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_