

## Internship Information Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone (*Home*) \_\_\_\_\_ (*Cell*) \_\_\_\_\_

E-mail \_\_\_\_\_

College currently attending \_\_\_\_\_

Availability \_\_\_\_\_

Languages spoken \_\_\_\_\_

Why are you interested in becoming an intern at NYIBC?

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Anything interesting NYIBC should know about you?

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Resume: