WEDLI Orsini Award Application: Internship

Name _____
last first middle
Permanent Address _____
street
_____
city/town/village/hamlet zip code
Mailing Address _____
(if different from above) street
_____
city/town/village/hamlet zip code
e-mail address _____
Phone # _____ Date of birth _____

College or University _____

Major _____ Month/year of anticipated graduation _____

Please use additional sheets to provide a half page or so on each of the following questions.

What is your career goal (as you currently foresee it)?

What do you anticipate doing in your internship experience?

What would you like to gain from your internship experience?

What do you expect to learn about career opportunities on Long Island in (a) related industry sector(s) from the internship you are seeking? What would incline you to pursue such opportunities?