



INTERN APPLICATION FORM

Part I: Availability

Please type or print the following information

I am applying for an Internship for the following session (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Summer 2012 | <input type="checkbox"/> Full-time (35 hours/week) |
| <input type="checkbox"/> Fall 2012 | |
| <input type="checkbox"/> Spring 2013 | <input type="checkbox"/> Part-time ____ # of hours/wk |

Preferred Dates: _____ Preferred Hours: _____

Have you applied to this program or been selected to work for the Center for Applied Linguistics previously? Yes No

If yes, give specific month, year, and Division/Program: _____

How did you hear about the Center for Applied Linguistics Internship Program?

- Career Center Alumni CAL Web site Other: _____

Compensation:

- Unpaid Paid

Part II: Personal Data

Full Name _____

College Residence Address _____

Phone Number _____

Permanent Address _____

Phone Number _____

Cell Number (optional) _____

Are you authorized to work in the United States? Yes No

Part III: Education Information

College/University and Date Enrolled: _____

Classification: Undergraduate Graduate Student Doctoral Candidate

Expected Year of Graduation

Field of Study

Computer Skills: _____

Deadline for receipt of all materials for summer internships is MARCH 1st.

Part IV: AREA OF INTEREST

Please list, in order of preference (1 = most interest...4 = lesser interest), your four topical areas of interest. Efforts will be made to accommodate preferences; however, CAL cannot guarantee any placement.

Topical Areas:

- | | |
|---|---|
| <input type="checkbox"/> Academic Language | <input type="checkbox"/> Literacy Education |
| <input type="checkbox"/> Adult ESL Education | <input type="checkbox"/> Literacy Education |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Oral Proficiency |
| <input type="checkbox"/> Dialects | <input type="checkbox"/> Refugee Integration |
| <input type="checkbox"/> English Language Learners | <input type="checkbox"/> Research |
| <input type="checkbox"/> Foreign Language Education | <input type="checkbox"/> Sheltered Instruction (SIOP) |
| <input type="checkbox"/> Heritage Languages | <input type="checkbox"/> Teacher Education |
| <input type="checkbox"/> Immigrant Education | <input type="checkbox"/> Testing/Assessment |
| <input type="checkbox"/> International Development | <input type="checkbox"/> Teacher Education |
| <input type="checkbox"/> Two-way Immersion | <input type="checkbox"/> Testing/Assessment |
| | <input type="checkbox"/> Other: _____ |

Basic Function(s):

- | | |
|---|---|
| <input type="checkbox"/> Data Collection | <input type="checkbox"/> Research |
| <input type="checkbox"/> Data Analysis | <input type="checkbox"/> Website Development/Design |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Prepare training materials | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Evaluation | |

Part V: Application Instructions

On a separate sheet of paper with your name at the top, please answer the following questions:

- 1) Why are you seeking an internship with the Center for Applied Linguistics and what do you hope to gain from the experience?
- 2) Briefly describe your future career goals.

- 3) In which component of the Center for Applied Linguistics are you interested in working? Why do these components interest you?

Please include with your application:

- 1) Your current résumé with a cover letter.
- 2) A transcript or list of relevant courses you have completed.
- 3) Two letters of recommendation. (If they are sent separately, please provide a list of names and phone numbers of the references with your application).

Please return to:

Phyllis Pointer-Tate, Internship Coordinator
Department of Human Resources
Center for Applied Linguistics
4646 40th Street, NW
Washington, DC 20016
Email: jobs@cal.org
Please fax to (202) 362-3740

If you have questions, please contact the Internship Coordinator at (202) 362-0700 Ext. 568.

CERTIFICATION

My statements on this form and any attachments are true, complete and correct to the best of my knowledge and belief. I understand that falsification of any of my answers may lead to the rejection of my application or immediate dismissal from the Center for Applied Linguistics (CAL) Intern Program.

Signature _____
Date

Applicant Name: _____
(Please print)