

APPLICANT INFORMATION

Answer all questions fully and accurately. Sign and date the certification below, and scan the document for upload and submission via the online application at <https://KACE.org/internship>. All applications must be submitted online. **Hardcopy submissions will not be accepted.**

Name [Last, First]

Date of Birth (MM/DD/YY)

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Mailing Address [Street, City, State, Zip]

Home Phone (Parent)

E-Mail

Mobile Phone

Name of School

Grade You'll Be in Sep. 2022

School Address [Street, City, State, Zip]

Major/Concentration

Expected Date of Graduation (MM/YYYY)

Foreign Language Proficiency/Fluency

Organization / Activity	Position / Responsibility	Date (MM/YY)

I certify that all of the statements in this application are true, complete, correct to the best of my knowledge and belief, and made in good faith.

Signature of Applicant [Blue or Black Ink Only]

Date