



CENTRAL & WESTERN
NORTH CAROLINA CHAPTER

212. S. Tryon Street, Suite 1080 ★ Charlotte, NC 28281 ★ 704.339.0334 ★ 704.335.0335 FAX

INTERNSHIP APPLICATION

CONTACT INFORMATION

Name _____ Phone _____
School _____ Major _____
Current Address _____ City _____ State _____ Zip _____
Email _____ Cell _____
Permanent Address _____ City _____ State _____ Zip _____

SCHEDULING

Semester Applying for Spring Summer Fall

Total Hours Available Per Week _____

The Make-A-Wish Foundation of Central & Western North Carolina operates under normal business hours. Please indicate the days and times you are available to work.

Monday _____ Unsure at this time

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

GENERAL INFORMATION

How did you learn about the Make-A-Wish Foundation?

What do you hope to gain from your internship with the Make-A-Wish Foundation?

