CITY OF HARTFORD
TREASURER'S OFFICE

ADAM M. CLOUD
CITY TREASURER

Summer Internship Program

Applicant Information

Name_____
Last First Middle Initial D.O.B

Permanent Address_____
Street City State Zip

Phone_____ Email_____

Emergency Contact:

Name_____ Relationship_____ Phone_____

Academic Information:

High School_____
Name Address Phone Number

GPA_____ Academic Standing: ☐Junior ☐Senior

Personal Information:

How do you think this internship will benefit you?_____
_____
_____
_____

What specific experience would you like to gain through this internship?_____
_____
_____
_____

Describe your career goals:_____
_____
_____
_____

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Student Signature:	Date:

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