



## APPLICATION FOR SPORTS NUTRITION INTERNSHIP

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Year in School: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### CLASS SCHEDULE (if known during semester of internship)

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

### AVAILABILITY (days and times)

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

### QUESTIONS

Why do you want to be a Sports Nutrition intern? \_\_\_\_\_

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## APPLICATION FOR SPORTS NUTRITION INTERNSHIP

What qualities do you possess that make you a good candidate? \_\_\_\_\_

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### REFERENCE

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_