

**LAKE-LEHMAN FOUNDATION  
STUDENT INTERNSHIP APPLICATION FORM**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Study Hall Periods \_\_\_\_\_

Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_

List below any school/work experience and/or special skills/interests you have which may qualify you for an internship with the Lake-Lehman Foundation (*The back of this form may be used for additional information.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided in this application is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foundation Representative

\_\_\_\_\_  
Date

**Mail to the Lake-Lehman Foundation at P.O. Box 38, Market Street, Lehman, PA 18627, drop off at the school office,**