

## **INTERNSHIP APPLICATION**

Name:						
Address:						
	(Street)				(City/State)	(Zip)
Home Phone:				Cell Phone:		
Email Address:						
IN CASE OF EM	IERGENCY:					
Name:				Relationship:		
Home Phone:				Cell Phone:		
I am applying for the Summer of 20			_	Dates available:		
College/University attending:				City/Sta	ate/Zip:	
Year of college?			Major?			
Expected gradu	uation date:	:				
Awards/Achiev	ements:					
Please identify	times of da	iy and days of	the week availab	le:		
Day	AM	PM				
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Student Signature

Date

Completed by American Plains Co-op Staff:	The information above is verified and accurate to the best of my knowledge.
Staff Name:	
Staff Signature:	Date:



## INTERNSHIP APPLICATION

Please respond to the questions below:

- 1. Why do you wish to intern at American Plains Co-op?
- 2. What are your strengths?
- 3. What do you expect to gain from this internship?
- 4. What part of the agriculture business interests you most?

Please email applications to cammie.vaupel@apcoop.com