

Student

First Name:

Last Name:

Primary Contact Number:

Email:

College/Educational Institution Name:

Does your College/Educational Institution have in place a liability insurance release form?

Credit Required Course:

Degree:

Degree Concentration:

Year of Graduation:

**DATES**

Internship Term:

Internship Year:

Internship Start Date:

Internship End Date:

Hours Per Week:

**LEARNING OBJECTIVES**

How will this internship help you gain or improve the following skills?

Industry Awareness:

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Communication Skills:

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Professional Skills:

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How will this internship relate to your professional development and short and long-term career goals?

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Why did you select SchoolFood for your internship?

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How did you hear about SchoolFood?

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Internship Dates & Learning Objectives