

APPLICATION FOR Fall 2025 CITY FELLOWS INTERNSHIP PROGRAM		
PERSONAL INFORMATION		
Name:		
Date of birth:	Cell Phone:	Email:
Street Address:		
City:	State:	ZIP Code:
ACADEMIC INFORMATION		
Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate		
Major:		Cum GPA:
Minor:		Expected Graduation:
Sam ID:		
BY SIGNING BELOW, I GRANT PERMISSION TO UNIVERSITY STAFF: (1) TO CONSULT WITH MY REFERENCES, PROFESSORS, AND OTHER UNIVERSITY OFFICIALS TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE, AND (2) TO DISCLOSE TRANSCRIPTS, RESUME, AND OTHER RELEVANT INFORMATION TO PROSPECTIVE INTERN AGENCIES TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE. MY SIGNATURE ON THIS APPLICATION ATTESTS TO THE FACT THAT ALL INFORMATION INCLUDED IS TRUE.		
Applicant Signature:		Date:

Additional Requirements:

- 1) One-page copy of your resume in MS Word. Use the template offered on the website.
- 2) On the second page of your resume, include two references, including their (a) name, (b) position and company, and (c) phone number. Please do not submit letters of recommendation.

Please email your completed, signed application form and additional required documentation to: mike.yawn@shsu.edu, with "City Fellows" in the Subject Line. Applications are due by August 20 at 5:00pm.

"City Fellows" Internship Program
LEAP Center (Office: CHSS 477)
936.294-1456 / mike.yawn@shsu.edu