

**Missouri Pork Association
Internship Program**



Application

Mr.
Mrs.
Name *Miss/Ms.* _____
(Last) (First) (Middle)

Age _____ Birth date _____ Birthplace _____
(Town and State)

Social Security No. _____

Local Address: _____
Number and Street City State Zip

Phone: _____ E-mail _____

Permanent Address: _____
Number and Street City State Zip

Phone: _____

Parent or Guardian: _____ Relationship: _____

Address: _____

Current study major _____ Minor (if any) _____

Length of time at present college _____ In Major _____

Overall GPA _____ GPA Last Semester _____

Academic Advisor _____

Expected completion date of degree _____

Area of Internship Interest _____

Proposed faculty sponsor _____

Other higher educational experience:

Name and Location	Major Subjects	Degree of Certificate	Years Attended

List below academic honors, extra-curricular activities, offices held and interests.

List Related Courses Completed:

Employment experience (include work study, etc.)

Tentative Career Plans:

What are the goals that you hope to gain from this internship?

I certify that the information given on this application is correct and I agree that if accepted, I shall abide by all standards and regulations as specified by the Missouri Pork Association.

Signature _____ Date _____

**Please submit three letters of recommendation and application to:
Missouri Pork Association
Diane Slater
6235 West Cunningham Drive
Columbia, MO 65202**

Deadline: November 5, 2010

Selected students will be notified to schedule an interview.