



## Application for Providence Foundation Intern Program

This information can be filled out on this form or provided on separate pages. Answers can be continued on the back.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  male,  female      Marital status:  single,  married

Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_

Why do you want to participate in the Intern Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When would you like to come (please give two or three date options)? \_\_\_\_\_

\_\_\_\_\_

How long would you like your internship to be? \_\_\_\_\_

What would you like to study during the intern program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give a brief background of your Christian history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church membership: \_\_\_\_\_

2 references (name and contact information): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to: Providence Foundation, PO Box 6759, Charlottesville, VA 22906. Fax: 434-973-0329. Email: [info@providencefoundation.com](mailto:info@providencefoundation.com)