

I Applicant Information:

## Marco Polo World Foundation

## **Internship Application Form**

Name					<del> </del>	
	Last	First	Mi	Middle		
Home Address						
	Street	Apt/Unit#	City	State	Zip	
Phone Number	rEmail Address					
Preferred Position:						
Are you a member	of Marco Po	olo World Found	ation?			(Yes/No)
II. Education:						
Name of Institution		Majo	r Degre		ee	GPA
College:						
Graduate School:						
<b>Ⅲ. Availability</b>						
Please indicate the to 4:30 pm. You are	•	•			ce hours are	from 9:30 am
No Pref		Wed				
Monday		Thu	r			
Tue		Fri_				
What date are you a	available to	begin the interns	hip?			
Please attach your internship@marco						
SIGNATURE		n	ATE			