



NORFOLK SISTER CITY ASSOCIATION, INC.

P. O. Box 3074 • Norfolk, Virginia 23514
 (757) 627-0530 (757) 627-0040 (fax) www.norfolksistercities.org

Internship Application Form 2012-13

Contact Information	
Name	
Street Address	
City, State, ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

College / University Information		
Name of College / University:		
Major:	GPA:	
Foreign Language(s):		
Name of Department Head:		
Address:		
Telephone:	Fax:	Email:

Background
Skills:
Career Goal (s):
Interests & Activities:
If selected, how will this internship benefit you?
If selected, how will your presence contribute to the Norfolk Sister City Association?
References: (Name, contact information, relationship, length of relationship)
1.
2.

Thank you for your interest in the Norfolk Sister City Association. You will be contacted in the near future regarding your application for the internship program. Questions may be directed to the Association's Office at (757) 627-0530; or by email staff@norfolksistercities.org