

Tabor School of Business Brechnitz Application

Today's Date: _____

Term: FA SP SU WI 20 _____

STUDENT INFORMATION:

Student Name _____ Student ID _____

Student Address _____ City/State/Zip _____

Cell Phone Number _____ Email _____

Major _____ Year: SO JR SR GRAD Current GPA _____

INTERNSHIP INFORMATION:

Name of Company _____ City, State _____

Brief overview of your internship responsibilities:

If you are chosen a recipient, how will the funds be used?

For questions or to submit your application, email the Tabor Internship Coordinator at taborinternships@millikin.edu

FOR COORDINATOR USE ONLY

DATE

Application received _____