

UNIVERSITY OF THE INCARNATE WORD
WISH Internship Program

Application Check List

RETURN CHECKLIST WITH APPLICATION PACKET

Name: _____

- Completed application form: includes the Campus Life Dean's certification.
- Statement of Purpose (300-500 words)
- Official copies of transcripts (this includes the period from the time of high school graduation)
- Resume (if you do not have one, request assistance from UIW Career Services office)
- Two completed recommendation forms from instructors (one instructor should be in your major)
- Completed recommendation form from your academic advisor in major
- Certification and Permission to Access Academic Information* form signed and dated

SUBMIT ALL APPLICATION ITEMS ALONG WITH CHECKLIST TO BE CONSIDERED FOR THE PROGRAM.

APPLICATION DEADLINES: **October 12, 2017 for Spring 2018 Internship**
 February 15, 2018 for Summer 2018 Internship
 May 3, 2018 for Fall 2018 Internship

MAILING ADDRESS: WISH Internship Program
 ATTN: Ricardo Gonzalez, PhD
 Ettlring Center for Civic Leadership
 University of the Incarnate Word
 4301 Broadway, CPO 382
 San Antonio, TX 78209

CONTACT INFORMATION: Email: rigonza4@uiwtx.edu
 Phone: (210) 283-6423
 Office Location: Administration Building, Room 158

UNIVERSITY OF THE INCARNATE WORD

WISH Internship Program

Student Application Form

(PLEASE PRINT)

NAME _____ UIW ID _____
(Last) (First) (MI)

Male Female Birth Date ____/____/____ U.S. Citizen Permanent Resident

If non-U.S. citizen, please state your Visa status: _____
(Some internships will require this information.)

CURRENT CONTACT INFORMATION: (IF YOU LIVE ON CAMPUS ONLY NEED CPO#)

(Street Address or CPO number) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ E-mail: _____

PERMANENT CONTACT INFORMATION:

(Street Address) (City) (State) (Zip)

Home Phone: _____ Work/Alternate Phone: _____ E-mail: _____

SEMESTER DESIRED FOR INTERNSHIP: Spring 2018 (Jan. 3- May 15) Summer 2018 (May 15-August 15)
 Fall 2018 (August 15- December 14) *NOTE: Dates are approximate and will depend on your placement.

ACADEMIC HISTORY:

➤ ATTACH OFFICIAL TRANSCRIPTS FOR ALL COLLEGE COURSEWORK. (at UIW and any other colleges or universities)

MAJOR _____ MINOR _____
CUMULATIVE GPA _____ EXPECTED GRADUATION DATE _____

(For Graduate Students): AREA OF GRADUATE STUDY _____ EXPECTED GRADUATION DATE _____

STUDENT CONDUCT STANDING:

➤ TAKE TO THE CAMPUS LIFE OFFICE FOR REVIEW AND SIGNATURE BY THE DEAN.

This student named above is in good standing on probation with the university.

Signature, Dean of Campus Life

Print Name

Date

STATEMENT OF PURPOSE

On another sheet of paper, please answer the following questions honestly and completely. Please restate the question prior to your written response. (Please type your answers.)

1. Give a brief intellectual autobiography describing the formation of your academic interests.
2. Why would you like to intern in Washington, D.C.?
3. What are your current and long-term goals, and how do you see the internship assisting you in achieving these goals?
4. What is your dream career?

WISH Internship Program
Student Application Form

RECOMMENDATION PACKET

List the name, title, address, and phone number of the faculty members you have asked to fill out a recommendation packet. **These individuals will include 1) your academic advisor, 2) an instructor of a course that you completed in your major, and 3) a second academic instructor.**

Academic Advisor:

| | | | |
|---------|-------|--------------|--------------------|
| Name | Title | Phone Number | CPO#(UIW faculty) |
| Address | City | State | Zip Code |

Academic Instructor 1:

| | | | |
|---------|-------|--------------|--------------------|
| Name | Title | Phone Number | CPO#(UIW faculty) |
| Address | City | State | Zip Code |

Academic Instructor 2:

| | | | |
|---------|-------|--------------|--------------------|
| Name | Title | Phone Number | CPO#(UIW faculty) |
| Address | City | State | Zip Code |

Certification and Permission to Access Academic Information

I, _____ hereby give permission to the University of the Incarnate Word WISH Internship Program administrator to obtain any and all academic information including college transcripts, college acceptance, college financial aid/scholarship records, and current grades/academic progress reports.

Additionally, by signing this form, I certify that all of the information I included in this Application Packet is true and correct to the best of my knowledge.

Name (print)

UIW ID #

Signature

Date

WISH INTERNSHIP PROGRAM FACULTY RECOMMENDATION FORM, page 2

4. Please rate the applicant in each attribute/skill listed below in comparison with other undergraduate students you have known.

| | <i>NO BASIS TO JUDGE</i> | <i>TOP 10%</i> | <i>TOP 25%</i> | <i>TOP 50%</i> | <i>TOP 75%</i> | <i>BOTTOM 10%</i> |
|------------------------------|--------------------------|----------------|----------------|----------------|----------------|-------------------|
| INTELLECTUAL ABILITY | | | | | | |
| INTERPERSONAL SKILLS | | | | | | |
| ORAL COMMUNICATION SKILLS | | | | | | |
| WRITTEN COMMUNICATION SKILLS | | | | | | |
| MOTIVATION/INITIATIVE | | | | | | |
| COOPERATION | | | | | | |
| EMOTIONAL MATURITY | | | | | | |
| DEPENDABILITY | | | | | | |
| CREATIVITY | | | | | | |
| OPEN MINDEDNESS | | | | | | |
| TASK COMPLETION (WORK ETHIC) | | | | | | |
| REPRESENTATION OF UIW | | | | | | |

5. Additional Comments (feel free to use this space and the back of the page to explain any of your ratings above):

6. Recommendation for program (check one)

- _____ I highly recommend the applicant
- _____ I recommend the applicant
- _____ I recommend the applicant with reservations
- _____ I do not recommend the applicant

 Evaluator Signature

 Date

 Name (print)

 Department

 Position/Title

 Office Phone

 E-Mail

For questions or comments contact Dr. Ricardo Gonzalez at 210-283-6423 or email rigonza4@uiwtx.edu.
 Please deliver form to Ricardo Gonzalez, Ettlign Center for Civic Leadership CPO# 382 or AD 158

WISH INTERNSHIP PROGRAM
FACULTY RECOMMENDATION FORM

Applicant Name

PIDM

In compliance with the Family Rights and Privacy Act of 1974 (20 U.S.C.A. Sec. 1232G)

I hereby _____ waive _____ do not waive the right to examine this evaluation.

Signature

Date

Applicant must complete the above section to have their recommendation reviewed.

TO THE EVALUATOR

The individual named above applied to become a participant in the WISH Internship Program and requested you evaluate their potential as an intern in Washington, D.C. If the applicant has not waived their right to examine this rating form, you should consider it non-confidential, and you may return the form incomplete. If additional space is needed, please use a separate sheet of paper. Place the completed evaluation in an envelope and give to the student for the application packet. Thank you.

7. In what capacity have you known the applicant and for how long?

8. Please comment on the student's academic strengths and weaknesses.

9. Does the applicant possess the initiative, maturity and commitment to support successfully an internship at a federal office or a national nonprofit headquarters? Please explain.

WISH INTERNSHIP PROGRAM FACULTY RECOMMENDATION FORM, page 2

10. Please rate the applicant in each attribute/skill listed below in comparison with other undergraduate students you have known.

| | <i>NO BASIS TO JUDGE</i> | <i>TOP 10%</i> | <i>TOP 25%</i> | <i>TOP 50%</i> | <i>TOP 75%</i> | <i>BOTTOM 10%</i> |
|------------------------------|--------------------------|----------------|----------------|----------------|----------------|-------------------|
| INTELLECTUAL ABILITY | | | | | | |
| INTERPERSONAL SKILLS | | | | | | |
| ORAL COMMUNICATION SKILLS | | | | | | |
| WRITTEN COMMUNICATION SKILLS | | | | | | |
| MOTIVATION/INITIATIVE | | | | | | |
| COOPERATION | | | | | | |
| EMOTIONAL MATURITY | | | | | | |
| DEPENDABILITY | | | | | | |
| CREATIVITY | | | | | | |
| OPEN MINDEDNESS | | | | | | |
| TASK COMPLETION (WORK ETHIC) | | | | | | |
| REPRESENTATION OF UIW | | | | | | |

11. Additional Comments (feel free to use this space and the back of the page to explain any of your ratings above):

12. Recommendation for program (check one)

- _____ I highly recommend the applicant
- _____ I recommend the applicant
- _____ I recommend the applicant with reservations
- _____ I do not recommend the applicant

 Evaluator Signature

 Date

 Name (print)

 Department

 Position/Title

 Office Phone

 E-Mail

For questions or comments contact Dr. Ricardo Gonzalez at 210-283-6423 or email rigonza4@uiwtx.edu.
 Please deliver form to Ricardo Gonzalez, Ettlign Center for Civic Leadership CPO# 382 or AD 158

WISH INTERNSHIP PROGRAM
ADVISOR RECOMMENDATION FORM

Applicant Name _____

PIDM _____

In compliance with the Family Rights and Privacy Act of 1974 (20 U.S.C.A. Sec. 1232G)

I hereby _____ waive _____ do not waive the right to examine this evaluation.

Signature _____

Date _____

Applicant must complete the above section to have their recommendation reviewed.

TO THE ADVISOR

The individual named above applied to become a participant in the WISH Internship Program and requested you evaluate their potential as an intern in Washington, D.C. If the applicant has not waived their right to examine this rating form, you should consider it non-confidential, and you may return the form incomplete. If additional space is needed, please use a separate sheet of paper. Place the completed evaluation in an envelope and give to the student for the application packet. For questions or comments contact Dr. Ricardo Gonzalez at 210-283-6423 or email rigonza4@uiwtx.edu. Thank you.

1. How long have you been the academic advisor to the applicant? _____ semesters
2. Will this internship delay the projected date of graduation for the applicant?
 Yes No Unsure
3. A. If yes or unsure to question 2, have you discussed with the applicant the impact of the internship on the projected date of graduation? Yes No
B. Does the applicant understand and accept the impact of this internship on his/her academic progress towards meeting graduation requirements? Yes No
4. Does the applicant possess the initiative, maturity and commitment to support successfully an internship at a federal office or a national nonprofit headquarters? Please explain on the back of this page.
5. Recommendation for program (check one)
_____ I highly recommend the applicant
_____ I recommend the applicant
_____ I recommend the applicant with reservations
_____ I do not recommend the applicant
6. Additional comments: Please use the back of this page to provide any other information that will be helpful to the internship panel.

Advisor Signature _____

Date _____

Name (print) _____

Department _____

Position/Title _____

Office Phone _____

E-Mail _____