

Alexander Leigh Center for Autism Internship Program Application

CIRCLE ONE: FALL/WINTER SPRING/SUMMER

START DATE _____ CREDIT HOURS AWARDED _____

GENERAL INFORMATION

FULL NAME _____

CURRENT / ADDRESS

_____ PHONE _____

_____ EMAIL _____

PERMANENT ADDRESS (If Different from Current)

_____ PHONE _____

IN CASE OF EMERGENCY NOTIFY _____

RELATIONSHIP _____ PHONE _____

ACADEMIC INFORMATION

COLLEGE/UNIVERSITY _____

ADDRESS _____

INTERNSHIP COORDINATOR _____

PHONE _____ EMAIL _____

MAJOR _____ G.P.A. _____

CIRCLE ONE: JUNIOR SENIOR POST GRADUATE

PROJECTED GRADUATION DATE: _____

Please include your resume, references, and write a one-page rationale on why you would like to intern at Alexander Leigh Center for Autism (ALCA). Please include if you have any experience with Autism.

Alexander Leigh Center for Autism

***Contact: Rhienna McClain Trevino, Director of Events & Marketing
Rtrevino@alcacenter.org or 815.477.ALCA (2522)***

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www.alcacenter.org**