



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: _____

PERMANENT ADDRESS (If different from Current): _____

IN CASE OF EMERGENCY NOTIFY: _____

RELATIONSHIP: _____

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 the Alexander Leigh Center for Autism (ALCA). Please include if you have any experience with autism.

Alexander Leigh Center for Autism
Contact: Cynthia Terrazas, Hiring Manager
cterrazas@alcacenter.org or 815-344-(ALCA)2522

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