

**Wellness Connection**  
Department of Recreation and Wellness  
**Internship Application**  
**(Summer)**

*Please Type or Print Legibly*

**ABOUT YOU**

Name \_\_\_\_\_

BGSU Email \_\_\_\_\_@bgsu.edu BGSU ID # \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Year in school during the proposed internship: \_\_\_\_Fr \_\_\_\_Soph \_\_\_\_Jr \_\_\_\_Sr \_\_\_\_Grad.

**EDUCATIONAL HISTORY**

Academic Major \_\_\_\_\_

Academic Advisor \_\_\_\_\_

Overall GPA \_\_\_\_\_

Previous experiences that are a benefit to the Wellness Connection:

---

---

---

---

---

---

*(continued)*

Special interests and/or skills that are a benefit to the Wellness Connection:

---

---

---

---

Describe computer skill and knowledge of software/applications:

---

---

---

---

Explain how a potential internship with the Wellness Connection contributes to your chosen career.

---

---

---

---

---

---

---

---

Available interview times:

---

---

---

BGSU Faculty References:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please return this application to the Wellness Connection, 214 Student Recreation Center**