



**Charleston Sister Cities**  
**I N T E R N A T I O N A L**  
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WWW.CHARLESTONSISTERCITIES.ORG

**INTERNSHIP PROGRAM APPLICATION**

**NAME:**

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First Middle LAST

**ADDRESS:**

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Street and Number City State Zip Code

**PHONE NUMBER:**

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Home Cell

**Select the program term for which you are applying:**

\_\_\_\_ Spring (January – May)    \_\_\_\_ Summer (May – August)    \_\_\_\_ Fall (August – December)

**What is your availability during the week? Weekends? Evenings?**

Please circle below

<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

**Please indicate what CSCI internship areas you are interested in:**

____ Event planning	____ Tourism
____ International Business	____ Website Maintenance
____ Cultural diversity	____ Social Media
____ Global Affairs	____ Government Affairs
____ Economics	____ Public Relations
____ Art/Dance/Music	____ Newsletter
____ Communications	____ Other

What do you hope to gain from this internship experience? (200 words maximum)

Please include your answer in your cover letter.

Do you plan on earning class credit for your internship? If so, please explain.

Please include your answer in your cover letter.

How did you hear of this internship opportunity? \_\_\_\_\_

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**Please send completed application, cover letter, and resume with references to:**  
**neita@charlestonsistercities.org**

Charleston Sister Cities International, 334 E. Bay Street, #159, Charleston, SC 29401  
www.charlestonsistercities.org