



Tribal Internship Application

Name: _____ Social Security: _____
Last First Middle Maiden

Address: _____ Phone#: _____

City/State/Zip _____ Enrollment #: _____

Age: _____ Date of Birth: _____ Male Female Marital Status: Single Married Divorced

Number of Dependent Children: _____ Ages: _____ Separated

Education:

Name & Address of college attending:

Graduation date: _____ Degree program: _____ Junior Senior

Employment:

Employed: yes no

Name of Employer _____ Phone#: _____

Address: _____

Internship:

Name of Internship Program: _____ Phone: _____

Address: _____

Date of Internship: From _____ to _____

Outline of expenses: _____

I certify that the above information on this form is true and correct to the best of my knowledge.

Signature

Date

Send completed applications to:
Cow Creek Band of Umpqua Tribe of Indians
Attn: Education Director
2371 NE Stephens Street, Suite 100
Roseburg, OR 97470
1-800-929-8229/677-5575
Fax# 541-677-5574

