



Asian Pacific American Coalition Summer Internship Application Form

Please print clearly or type your answers.

Full Name _____

Home Address _____

Date of Birth _____

Cell Phone _____

Email Address _____

School Currently Attending & Grade Level _____

If in high school, name of college or university you are applying to:

What languages do you speak? _____

How many hours per week are you available? _____

Please circle "Yes" or "No" and initial on the line where indicated:

- | | | |
|--|-----------|----------|
| 1. I am a current resident of San Diego, California. | Yes _____ | No _____ |
| 2. I am a US citizen or legal permanent resident. | Yes _____ | No _____ |
| 3. I acknowledge that this is an in-person internship | Yes _____ | No _____ |
| 4. I attest that I am fully vaccinated with COVID vaccine. | Yes _____ | No _____ |

I certify that all the information I am providing is accurate and complete. I agree that my essay, application, and submission become the property of the Asian Pacific American Coalition. I legally waive all rights to my internship application and submission.

Signature _____

Date _____