



## Application for Accounting Internship

Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

School E-mail: \_\_\_\_\_

NON-School E-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Internship time frame: January to July

College/University: \_\_\_\_\_ Graduation Date (exact): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ G.P.A. \_\_\_\_\_

Degree:  BS/BA  Masters

Internship Coordinator / Supervising Professor: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Mailing address: \_\_\_\_\_

What are the minimum hours worked per week \_\_\_\_\_ what are the minimum number of weeks? \_\_\_\_\_

Are you doing this internship for credit  Yes  No

Are you taking this internship as a graduation requirement?  Yes  No

Will you be taking classes while doing this internship?  Yes or  No

If yes, how many credit hours? \_\_\_\_\_



Computer skills:

(0=never used; 1=played with; 2=used for one project; 3=used frequently; 4=expert):

MS Word _____	MS Teams _____	Other Software/Computer Skills
MS Excel _____	MS SharePoint _____	_____
MS Outlook _____	MS OneDrive _____	_____
MS PowerPoint _____		_____
Adobe Acrobat _____		_____

Housing:

Do you need housing during this internship?  Yes  No

If not, where will you live or what options do you have during the internship (exact address required)?

\_\_\_\_\_

\*note that the WMSC does not provide housing

What is the earliest that you can begin (exact date required)? \_\_\_\_\_

What is the latest day you can work until (exact date required)? \_\_\_\_\_

Are you able to work at least 40 hours a week M-F and weekends? \_\_\_ Yes \_\_\_ No

If not, what can you work? \_\_\_\_\_

Are you expecting to be paid?  Yes  No If so, how much? \_\_\_\_\_

Activities/interests: \_\_\_\_\_

\_\_\_\_\_

List special skills, abilities or certificates: \_\_\_\_\_

\_\_\_\_\_

What are your qualifications to work as an intern at the WMSC? \_\_\_\_\_

\_\_\_\_\_

What do you expect to learn and experience at the WMSC? \_\_\_\_\_

\_\_\_\_\_

Previous volunteer and not-for-profit experience: \_\_\_\_\_

\_\_\_\_\_



Do you have current certifications or licenses of any of the following?

- Drivers License
- First Aid CPR Certification
- Other Medical Training  List \_\_\_\_\_
- Sports expertise  List \_\_\_\_\_
- Other special training: \_\_\_\_\_

References:

Please list three references that can attest to your character, work ethic, integrity and skills. Only one can be from a professor.

1) Full Name: \_\_\_\_\_ Relationship to yourself: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

2) Full Name: \_\_\_\_\_ Relationship to yourself: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

3) Full Name: \_\_\_\_\_ Relationship to yourself: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

Additional:

How did you hear about us? \_\_\_\_\_

Please Send this application and resume to:

West Michigan Sports Commission  
Attn: Natalie Rose  
300 Ottawa Ave NW, Suite 240  
Grand Rapids, MI 49503  
email: [nrose@westmisports.com](mailto:nrose@westmisports.com)