

**2020 Saul M. Goldin Memorial Internship
IESLA/CLTC Application**

Applicant Information

Full name: _____
Last *First* *MI*

Address: _____
Street Address *Apt #*

City *State* *Zip*

Home Phone: () Cell Phone: ()

Education

College/University: _____

Address: _____
Street Address *Apt #*

City *State* *Zip*

Department Contact: _____ Department Phone: ()
(First, Last)

Current Major: _____

Current Year: (circle one) Freshman Sophomore Junior Senior Graduate

Work Experience

(Please start with most current. Additional pages may be used.)

Employer: _____

Supervisor's name: _____

Address: _____
Street Address *Apt #*

City *State* *Zip*

Phone: () Length of Employment: _____

Work duties: _____

Work Experience (continue)

Employer: _____

Supervisor's name: _____

Address: _____
Street Address *Apt #*

_____ *City* *State* *Zip*

Phone: () _____ Length of Employment: _____

Work duties: _____

Please list skills, applicable lighting programs, or other related experiences that would assist you in this observership:

Reference (professional)

Full name: _____ Relationship: _____

Email: _____ Phone: () _____

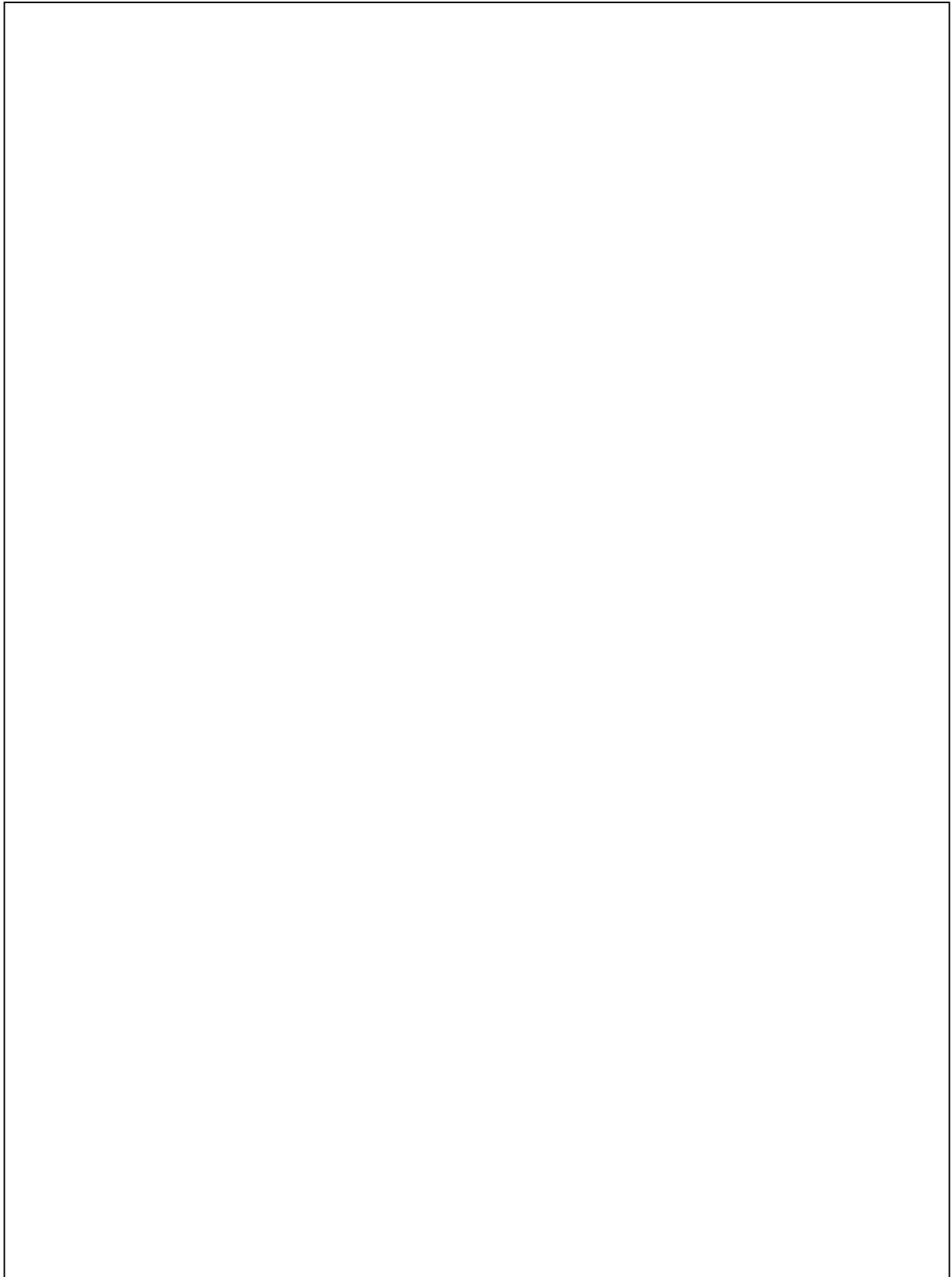
Reference (personal)

Full name: _____ Relationship: _____

Email: _____ Phone: () _____

Letter of Recommendation

Provide one letter of recommendation (must be non-relative and preferably someone associated within in the lighting community-academic or professional).



Short Essay

In approximately 500 words, answer the following questions. What do you hope to gain from this lighting internship? How will this internship assist you in your future endeavors?
(Additional pages may be used.)