



The Confederated Salish & Kootenai Tribes welcomes your application for the CSKT Youth Business Internship Program! Please fill out the following application and return by June 20th, 2017.

Here is what you will need to return:

Application

Signed by parent, if under the age of 18

Proof of enrollment (Certificate of Indian Blood or Tribal ID)

Most recent transcripts

A letter of recommendation from a teacher

Statement explaining interest in internship



CONFEDERATED SALISH & KOOTENAI TRIBES YOUTH BUSINESS INTERNSHIP PROGRAM APPLICATION

CONTACT INFORMATION:

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Are you an enrolled member of the CSK Tribes? Y N Enrollment #: _____

Personal reference: _____ Phone #: _____

Academic reference: _____ Phone #: _____

Professional reference: _____ Phone #: _____

SCHOOL INFORMATION:

What is the highest level of education you have completed?

8 9 10 11 12 AA/AS BA/BS MA/MS PhD

Attach a copy of your most recent school transcript (does not need to be certified).

Are you currently in school? Y N *If no, skip this section and attach a copy of your last transcript.*

School attending: _____ Phone #: _____

School Address: _____

If in College:

Declared Major: _____ GPA: _____

Are you an active member of your college's AIBL (American Indian Business Leaders) chapter? Y N

PLACEMENT INFORMATION:

Why are you interested in a business internship? (2-3 sentences please)

Do you have a preference for the type of business with which you would like to work? Y N

If yes, what type of business?

Placement Request #1: _____

Placement Request #2: _____

Do you have a preference for the town in which town you would like to work? Y N

If yes, what town:

Placement Request #1: _____

Placement Request #2: _____

Present Employer Address and Telephone Number

Name & Title of Supervisor: _____

Position Title: _____ Dates of Employment: _____

Duties: _____

Reason for leaving: _____

Next Previous Employer Address and Telephone Number

Name & Title of Supervisor: _____

Position Title: _____ Dates of Employment: _____

Duties: _____

Reason for leaving: _____

If you are under the age of 18, please provide the following:

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____ Message #: _____

PARENT CONSENT

I give my child, _____, permission to participate in the Confederated Salish & Kootenai Tribes Youth Business Internship Program. If selected, he/she has my permission to be at the designated work site from July 10-August 18.

Printed Name of Parent/Guardian Signature Date

Printed Name of Student Signature Date