



NEF-NVRI Internship Application



<input type="checkbox"/> First Application for NEF-NVRI Internship Program <input type="checkbox"/> Re-Application for NEF-NVRI Internship Program	Single electronic application packet (preferred) returned to: INTERNSHIP@NEF3.ORG (email subject heading: Internship – candidate name, i.e. Internship – John Doe)	For NEF-NVRI Use Only <hr style="border: 0; border-top: 1px solid black;"/>
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Online application is available at: <http://www.nef3.org>

Please type or print all information: All the fields marked with an asterisk (*) must be provided.

PERSONAL INFORMATION

* Last (family) name	* First	Middle
* Permanent address in home country:	Number & Street (if applicable)	City State Postal Code Country
* Mailing address:	Number and Street	City State Postal Code Country
* Previously used name	* Country of citizenship	* Date of birth: (mm/dd/yyyy)
		* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* E-Mail address (if any)	* Country of birth	* City of birth
* Phone number (if any)		Name of employer (if any) Occupation
Next of kin (Check one) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Next of kin's Last (family) name	First	Middle Phone number
Mailing address:	Number and Street	City State Postal Code Country

ACADEMIC INFORMATION

* Indicate below all schools (secondary, technical, college, university) you have attended or are now attending

School/College/University	Location	From		To		Major	Degree/Certificate		Name of Degree Certificate
		Mo	Yr	Mo	Yr		Completed/anticipated		
1.							<input type="checkbox"/> No <input type="checkbox"/> Yes	Mo Yr	
2.							<input type="checkbox"/> No <input type="checkbox"/> Yes	Mo Yr	
3.							<input type="checkbox"/> No <input type="checkbox"/> Yes	Mo Yr	
4.							<input type="checkbox"/> No <input type="checkbox"/> Yes	Mo Yr	

* STATEMENT OF TRUTH

I certify that the information I have provided on this application form and all other application materials are complete, accurate, and true to the best of my knowledge. I understand that furnishing false or incomplete information on any part of this application may result in cancellation of the award or suspension from the Internship program.

* Signature of Applicant _____ Date _____ (mm/dd/yyyy)

For NEF-NVRI Use Only: Application Material Check List			
Application form _____	Current resume or CV _____		
A brief essay _____	Letters of recommendation _____		Revised 1/21/10