



2020 NEF-NVRI Internship Application



May 24, 2020 – August 17, 2020

<input type="checkbox"/> First Application for NEF-NVRI Internship Program <input type="checkbox"/> Re-Application for NEF-NVRI Internship Program	Electronic application packet (single packet preferred) returned to: INTERNSHIP@NEF3.ORG (email subject heading: 2020 Internship – candidate name , i.e. 2020 Internship – John Doe) Application closing date is March 29, 2020	For NEF-NVRI Use Only <hr/>
Application form 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 2/17/20