Name:			Date:		
Phone:	Cell:		E-Mail:		
Current address:					
City:	State:		ZIP Code:		
Please rank order the Internship opportunities with 1 being the most important. If you do not meet the flight certificate qualifications please leave it blank. We will make every effort to place you in your top choice. By filling out this application you are NOT guaranteed an Internship					
Transportation Security Administration			Transportation and airport security		
Jet Linx Aviation Flight Operations Center			Charter, membership, and aircraft management		

Students must be a declar	ed aviation major or minor in or	aviation major or minor in order to be accepted into the internship program.		
	COMMENTS OR ADDITION AL INFORMAITON			
Name of a relative not residing w	ith you:			
Address:		Phone:		
City:	State:	ZIP Code:		
Relationship:				
I affirm that the information I listed above is true and correct, and understand that any deliberate misrepresentation could result in my dismissal or disqualification from the internship program.				
Signature of applicant:		Date:		

Print Name:	