EATING DISORDERS COALITION of TENNESSEE

INTERNSHIP APPLICATION

(Please print legibly in black or blue ink)

1. Applying for: _____ _____
   Term: Spring, Summer, or Fall Year

2. Name:_____
   Last First Middle

3. Current Address:_____
   Street Address City State Zip code

4. Permanent Address: _____
   Street Address City State Zip code

5. Email Address: _____

6. Cell Phone: _____ Alternate Phone: _____

7. Gender: ____ Male ____Female

8. Enrollment Status: _____ total number of units/credits earned _____
   (Freshman, Sophomore, Junior, Senior, Recent Undergraduate, Graduate Student, Recent Graduate)

9. Period Available for Internship: ____ Fall (Aug./Sept.-Dec.) ____ Spring (Jan.-May) ____ Summer (May-Aug.)
   ____ Summer (June-Aug.)

Academic Experience				
Undergraduate School	**City and State**	**Major/Minor**	**G.P.A.**	**Graduation Date**
Graduate School	**City and State**	**Major**	**G.P.A.**	**Graduation Date**

10. Are you applying for academic credit or work study for this internship from your institution? ___ YES ___ NO

If yes, please provide the name and address of your internship advisor or work study coordinator below:

Internship Advisor: _____ Title: _____
Address: _____
Email: _____
Phone: _____ Alternate Phone: _____

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11. List course work applicable to this internship experience:

_____
_____
_____
_____

12. Indicate computer literacy, listing specific software applications and proficiency level:

_____
_____
_____
_____

13. List applicable experience and extracurricular activities:

_____
_____
_____
_____

14. How did you learn about the internship program at the EDCT?

_____ EDCT web site _____ EDCT literature _____ College Career Center/Faculty Member
_____ EDCT Staff _____ Friend Other _____

Please submit the following materials to the address below:

1) **Application form**
2) **Résumé or Curriculum Vitae**
3) **Biography:** approximately 100 words giving a brief description of your background and personal history.
4) **Short essay:** 150-200 words stating your interest in the work of the EDCT, your objectives and expectations of an EDCT internship, and how these relate to your career goals.
5) **Two Letters of Recommendation:** The letters should be included in the application packet in sealed envelopes. *If absolutely necessary* the letter(s) may be sent by the author to the address below.

Send your completed application and materials to:

Liz Llewellyn, Executive Director
EDCT, Inc.
2120 Crestmoor Road, Suite 3000
Nashville, TN 37215