



Charleston Sister Cities
I N T E R N A T I O N A L
Connecting Globally. Thriving locally.

CHARLESTON SISTER CITIES INTERNATIONAL
Internship Program Application

NAME:

First

Middle

LAST

ADDRESS:

Street and Number

City

State

Zip Code

PHONE NUMBER:

Home

Cell

Select the program term for which you are applying:

____ Spring (January – May) ____ Summer (May – August) ____ Fall (August – December)

What is your availability during the week? Weekends? Evenings?

Please indicate below

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

AM

PM

Please indicate what CSCI internship areas you are interested in:

- ____ Non-profit
- ____ Event planning
- ____ International Business
- ____ Cultural diversity
- ____ Economics
- ____ Art
- ____ Communications
- ____ Tourism
- ____ Website design
- ____ Government Affairs
- ____ Public Relations
- ____ Other

What do you hope to gain from this internship experience? (200 words maximum) Please include your answer in your cover letter.

**Do you plan on earning class credit for your internship? If so, please explain.
Please include your answer in your cover letter.**

How did you hear of this internship opportunity?
