

Internship Program Application

Please print or type

Personal Information

First Name: _____ Middle initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone: (_____) _____ Permanent Phone (if different): (_____) _____

Cell Phone (optional) (_____) _____

E-mail Address: _____

Education

University Currently Attending: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Internship Supervisor: _____ Phone Number: (_____) _____

Education Level (please check one): Undergraduate Graduate

If you are a graduate student, what is your undergraduate degree in? _____

FOR UNDERGRADUATE APPLICANTS ONLY:

Major: _____ Minor: _____

Overall GPA: _____ Major GPA: _____ Expected Graduation Date(Mo/Yr) _____

Year in School: Freshman Sophomore Junior Senior

CONTINUED

Other

Health & Fitness Experience:

Career Goals:

What do you feel you can bring to Aquila professionally over the course of your internship?

What do you hope to achieve through an internship in corporate fitness?

What are your areas of interest in the health & fitness field? Examples: incentive programs, personal training, etc.:

Discuss one project that you have been involved with in the last 2 years (be specific, does not have to be fitness related):

Do you belong to any professional organizations? If so, please list & describe below:

Are you certified in any specific areas of fitness? If so, please list organization and certification:

List 3 goals you would like to accomplish during the course of your internship:

What is your health & fitness philosophy?

Any additional questions or comment?

Please attach cover letter, resume, and 2 letters of recommendation and mail, e-mail, or fax to:

Aquila, Ltd., Health & Fitness Solutions
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Miami Beach, FL 33139 USA

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