



ADEA GoDental Internship Application

Please complete and email to *RhinebergerE@adea.org* by February 24th, 2012

Name:

Address:

Telephone Number:

Email address:

College/University:

Year in School:

Major:

Minor:

Availability for the ADEA Annual Session and Exhibition:

Please provide the name/email address of the pre-health advisor/faculty member at your school that serves as your mentor. This individual will be contacted to attest to you credibility and character:

Name: _____ Email: _____

1. We'd like to know a bit about you. Please write a few sentences, like a personal statement, about who you are, where you've come from, and some of your career goals.

2. Why are you interested in the ADEA GoDental internship?

3. What are your interests?

Higher Education

Website development

Writing

Health Career

Dental School

Marketing

Other

4. What specific experience would you like to gain through this internship?

5. What is your time management style?

6. Discuss your long-term career goals.

7. What is your experience with online management/blogging/social networking?

Signature: _____ Date: _____

To complete your application, please submit a scanned copy of this form and a resume (no longer than two pages) to Emily Rhineberger, Senior Director of Application Services at RhinebergerE@adea.org by Friday, February 24th, at 5pm EST.