



# Internship PROGRAM APPLICATION

DATE OF REGISTRATION

/   /

## INFORMATION

Student Name :

Grade:  Age:

Date of Birth :   /   /   Food Allergies

Email:

Gender :  Male  Female

Physical Address:

City/ State/ Zip

Emergency Contact:

Enrolled tribe:

- Please check the box for which internship you are applying for:
- High School Internship (9th to 12th grade)
  - Adult Internship (21 years old and up)

Please submit intern application and attached questions to Darrin Rock at the front office or email to [drock@khapoeducation.org](mailto:drock@khapoeducation.org).

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Parent/ Guardian Signature                      Date

*Office use only*

Date received:  
Time:

#:

Class:

KCS Staff:



# Internship Application Form

How will you contribute to KCS's Tewa  
Immersion Program?

What are your strengths?

What do you want to learn from  
participating in the Tewa Summer  
Immersion Program?