

INTERN REQUEST APPLICATION



California Chapter
ASFMRA
Western Ag Professionals



Application Deadlines:

Spring: February 15

Summer: May 15

Fall: August 15

Company Name _____

Chapter Member Name _____ Designation(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Location of Internship - City _____ State _____

Anticipated Intern Responsibilities / Duties _____

Proposed Compensation \$ _____ per hour Total Hours per Week _____

Amount of Travel Required _____ hours per week

Date Internship Available _____

Requested Last Day of Internship _____

Name of Intern Requested* _____

**Companies do not need to have an intern designated to apply*

By signing below, I and my company agree that we have read and understood the California ASFMRA Chapter's Internship Guidelines Requirements on calasfmra.com and will abide by the criteria outlined in that document.

SIGNATURE

Please return completed form to:

Curtis Buono
Scholarship Committee Chair

559-944-9524
curtis@peoplescompany.com