

SARAH A. REED CHILDREN'S CENTER  
2445 WEST 34TH STREET  
ERIE, PA 16506

APPLICATION FOR STUDENT PLACEMENT/INTERNSHIP

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street Name/Apartment #)

\_\_\_\_\_  
(City) (State) (Zip) (Telephone #)

Permanent Address: \_\_\_\_\_  
(Street Name/Apartment #)

\_\_\_\_\_  
(City) (State) (Zip) (Telephone #)

EDUCATION:

College/University: \_\_\_\_\_  
(Name) (City/State)

Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_  
(Name) (Dept.)

Area of Focus Regarding Internship: \_\_\_\_\_  
Semester Interested: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Required Hours for Internship: \_\_\_\_\_

PLACEMENT:

**For SARCC Use Only**

Dates of Placement: \_\_\_\_\_  
(Begin) (End)

Program Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Internship Concentration: \_\_\_\_\_

Hours Approved: \_\_\_\_\_