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**“Happy” Parker Lowden Children’s Miracle Network Hospitals**

**Internship Application**

Applicant Criteria:

* Applicant must be an initiated Phi Mu in good standing.
* Complete the below application and include the following items:
	+ Resume (include Phi Mu experience, work experience and academic activities).
	+ A statement of how this internship will assist with future career plans.
	+ An endorsement letter from the CMN Hospitals personnel who will serve as your supervisor.
	+ A plan for service, which should be developed with CMN Hospitals personnel, and includes goals and objectives as well as specific tasks to reach the established goals.
	+ Progress of work on organizing a campus/community fundraising event.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Freshman Sophomore Junior Senior

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email/mail this form and supporting documentation to:**

**Phi Mu Foundation**

**ATTN: CMN Hospitals Internship Application**

**400 Westpark Drive Peachtree City, GA 30269
OR email to ktofanelli@phimu.org**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please direct all questions and correspondence related to your application to Kristin Tofanelli at ktofanelli@phimu.org or 770.632.2122.