

CCSU SCHOOL OF EDUCATION APPLIED LEARNING

DROP-IN CHILD CARE CENTER

STUDENT TEACHING INTERNSHIP APPLICATION

Date: _____

Applicant's Name: _____

Address: _____ City: _____ Zip Code: _____

Blue Card ID: _____

Cell Phone #: _____

Email Address: _____

Major: _____

Semester: Fall _____ Spring _____

Work Availability for selected semester:

DAY _____ TIMES _____

Personal Statement: Why do you want to be selected for a paid internship at the Drop-In Center?

Please send this application and your resume to kellymccarthy@ccsu.edu. If you are selected as an internship candidate, we will contact you by email to set up an interview.