

The National Migrant Scholars Internship Initiative

In partnership with CoBANK, National HEP/CAMP Association, and Michigan State University
Operated By: MSU Migrant Student Services



Mission:

“To provide internship opportunities for CAMP students across the nation.”

The purpose of this document is to Identify preliminary information to match the applicant’s qualifications to an internship opening.

STUDENT APPLICATION



This section should be completed by student.

Student Information:

Name: Date of Birth: Mobile Phone Number:
Alternate Phone Number: Email: Gender:
Mailing Address: City, State, Zip Code:

Education Information:

College/University:
Student Class Level: Expected Graduation Date: Student Major:
Languages: 1st Speak Write Minors and/or Specializations:
2nd Speak Write
3rd Speak Write

Emergency Contact Information:

Name: Relationship: Mobile Phone Number:
Alternate Phone Number: Work Phone Number:
Mailing Address: Email:
City, State, Zip Code:

Photo/Audio/Video Release

I authorize Michigan State University to record my image and voice (or that of my minor child named below) and give Michigan State University and all persons or entities acting pursuant to MSU’s permission or authority, all rights to use the recorded images. I understand that said images will be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

Name of participant: Date:

THIS PORTION OF THE APPLICATION SHOULD BE COMPLETED AND SIGNED ONLY IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS OF AGE. IF YOU ARE OVER THE AGE OF 18 YOU CAN SKIP THIS SECTION AND BY SUBMITTING THE FORM YOU ARE AGREEING TO THESE TERMS.

Signature of guardian: Relationship with participant:
Mailing Address: Phone Number:
City, State, Zip Code: Email:

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Personal Background Information:

Answer each of the following in 150 words or less.

1. Have you participated in an internship before? If so, where and what type of internship?

2. Where would you like to do your internship? Please specify specific companies that interest you.

3. What types of experiences are you looking for? Please specify roles or activities you hope to learn about.

4. Are you willing to relocate during your internship?

Yes

No

Disclosures: *Initial each disclosure to indicate you have read and understand the information presented.*

I understand that any wages, or other financial contributions and support, paid by Michigan State University is considered taxable income. If taxes are not withheld from such payments by the University I am still responsible for any taxes due. I should consult with a tax professional if I have any questions.

I understand that some information that is protected by the Family Educational Rights and Privacy Act (FERPA) may be shared with prospective employers in order to help secure an internship. I agree to allow Michigan State University to share my name, location, major, GPA and other information collected from this program for that sole purpose.

I understand a background check may be required by the University as a condition of employment and that I must inform the University if I will be working with minors as part of my internship.

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This section should be completed by CAMP Program director or designee to verify CAMP program participation.

Student Name:

Phone Number:

Electronically submit individual application materials
as a PDF file to:

Michigan State University - Migrant Student Services
The National Migrant Scholars Internship Initiative
Email: NMSI@vps.msu.edu

Application Materials Checklist:

- NMSI Application
- Biography
- Resume
- Transcript
- Portrait picture of the student

NOTE!

- Incomplete applications will not be considered.
- It is the applicant's responsibility to notify The National Migrant Scholars Internship Initiative of any changes in address or phone number during the selection and notification processes.
- If selected, an orientation with NMSI requirements will be mandatory.
- All documents must be revised & approved by CAMP Director/Coordinator.

School Information *(All applications must be submitted by the applicant's College Assistance Migrant Program Director/Coordinator)*

CAMP Project:

CAMP Staff Submitting Application:

Staff Phone Number:

Mailing Address:

Work Phone Number:

City, State, Zip Code:

College/University Year System:

Quarter

Semester

Institution of Higher Education:

2 Year

4 Year

**** By electronically submitting the student application you are confirming that you have reviewed the entire application and it meets your standards****

CAMP Directors & Designee's: Please email the completed application to nmsi@msu.edu. Also include the application materials listed on this page. Please write the "<student's last name> application" in the subject line.