APPLICATION FOR THE THREE LAKES ASSOCIATION INTERN PROGRAM

Date		
Name		Age
Address		
Phone	Email	GPA
List science classes	completed:	
		_
Write a brief para	agraph stating what you hope to gain	from this experience.
Provide two letter	rs of recommendation, one from a sc	cience teacher.
Signature of pare	nt or legal guardian	
Three Lakes A lesliemeyers01@	ssociation, P.O. Box 689, Bella	Leslie Meyers, Executive Director, aire, MI 49615 or on line to stions concerning this application or
Successful applic	cants will be notified by May 30, 201	4.