

2010 NNSA Consortium Internship Program Certification and Authorization Form

Name			
	LAST	FIRST	MI

CERTIFICATION AND AUTHORIZATION:

(Applicant must sign below to be eligible. Unsigned applications will not be considered)

I affirm that all of the information on this application is true and complete to the best of my knowledge. I certify that I meet all eligibility requirements as specified in the internship criteria. I understand that application materials become the property of the NNSA Consortium and cannot be returned. I hereby authorize NNSA, SHPE, SACNAS, and MAES to utilize information about my application and my likeness for public relations purposes, publicity or other scholarship opportunities.

Signature _____ Date _____

APPLICATION CHECKLIST- Please check off all completed portions, sign above and mail to:

- ___ Completed NNSA Consortium Internship Application (online)
- ___ Signed Certification and Authorization Form
- ___ 2 Faculty Letters of Recommendation (request is automatically sent to professors online)
- ___ Official College/University Transcript
- ___ Resume (sent to nnsa-internship@shpe.org)

AHETEMS, Inc
c/o 2010 NNSA Consortium Internship Program
The University of Texas at Arlington, Box 19019
416 Yates St., Room 609
Arlington, TX 76019-0019