

Robert H. Mollohan Family Charitable Foundation, Inc.

Intern Request Form- 2008

Company Name: _____

Company Contact for Intern(s): _____

Company Address: _____

Company Phone Number: _____

Company Fax Number: _____

Contact Email Address: _____

Internship Position Information

Number of Interns Requested (include repeat interns): _____

Is there an intern that you would specifically like to host again if they are available?

Location of Positions: _____

If this is your first time hosting an intern, please give a brief description of your company.

Requested Qualifications for Intern

Please fill out the information completely. If needed, additional sheets may be attached.

Major/Minor: _____

Work Experience Desired: _____

Skills Desired: _____

Please provide a brief description of the position(s) available:

Hours per week: _____

Signature of Company Representative

Date

Please send completed form to:

Mollohan Foundation
c/o Aime Shaffer
1000 Technology Drive, Suite 2000
Fairmont, WV 26554
Fax: 304-333-3900
ashaffer@wvhtf.org

Forms should be returned to the Mollohan Foundation no later than January 14, 2008.