



### Internship Application

*This form may be returned via mail, fax or e-mail.  
Submit to the McDonough County Health Department – Internship Program  
505 E. Jackson St.; Macomb, IL 61455; (309) 837-1100 (fax), or [mchd@mchdept.com](mailto:mchd@mchdept.com)  
(subject- Internship Program)*

Name (Please Print)	Address
Primary Telephone Number	City State Zip Code
Secondary Telephone Number	E-mail Address
Academic Institution	Degree program

Are you applying for this internship with the intention of receiving educational credit?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please answer the following:*

Faculty Advisor:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Internship Contact:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Area(s) of Interest for Internship Project \_\_\_\_\_

Term and year you are applying for: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_  
Year Year Year

Undergraduate or Graduate Degree \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_