



Turner
Syndrome
Foundation

www.TSFUSA.org

Turner Syndrome affects 1 in 2000 girls.
We can help.

Internship Application

Date: _____

Name: _____

Address: _____

Email: _____

Phone 1: _____

Phone 2: _____

Are you seeking a position for Spring, Summer or Fall?

Please provide approximate start and end dates for your internship.

What schedule do you intend to keep during the course of your internship? *Please include the days of the week you would be available, as well as the hours you would be available.*

Are you seeking an internship to fulfill academic requirements? If so, please identify the program and outline the terms and expectations.

Do you need any special accommodations while you are working at Turner Syndrome Foundation?

How did you learn of our internship program?

Requirements for Consideration:

1. One page cover letter

Please share with us how working with Turner Syndrome Foundation will advance your professional and academic goals. In particular, describe what skills you offer, and those you wish to gain during your internship. Please also be sure to indicate which of the above internship opportunities you are interested in (you may list more than one).

2. Volunteer Application and Agreement provided by TSF

3. Current Resume

4. References/Letters of Recommendations: Undergraduates: two letters of recommendation from professors or previous employers. If this poses a hardship, please contact the internship coordinator. Graduate students and professional applicants: names and contact information for three professional or academic references.

5. A writing sample—Please tell us why you have chosen this writing sample to submit with your application. You may provide more than one writing sample if you feel it necessary. If you select a writing sample that is MORE than five pages, please only send us a 5-page excerpt of the paper. Please do not submit a sample that was the product of a group's work.

6. If applicable, any forms relevant to fulfilling requirements for your school or external program—this may include forms relevant for receiving funds or a grant to supplement the internship stipend or receiving academic credit.

Submitting your application:

Turner Syndrome Foundation, Inc.

Attention: Internship Coordinator

PO Box 726, Holmdel, NJ 07733

Fax: 800-594-3862

Email: info@tsfusa.org