

**UNIVERSITY OF THE INCARNATE WORD**  
WISH Internship Program

**Application Check List**

**RETURN CHECKLIST WITH APPLICATION PACKET**

Name: \_\_\_\_\_

- Completed application form: includes the Campus Life Dean's certification.
- Statement of Purpose (300-500 words)
- Official copies of transcripts (this includes the period from the time of high school graduation)
- Resume (if you do not have one, request assistance from UIW Career Services office)
- Two completed recommendation forms from instructors (one instructor should be in your major)
- Completed recommendation form from your academic advisor in major
- Certification and Permission to Access Academic Information* form signed and dated

SUBMIT ALL APPLICATION ITEMS ALONG WITH CHECKLIST TO BE CONSIDERED FOR THE PROGRAM.

**APPLICATION DEADLINES:**                    **October 12, 2017 for Spring 2018 Internship**  
**February 15, 2018 for Summer 2018 Internship**  
**May 3, 2018 for Fall 2018 Internship**

**MAILING ADDRESS:**                    WISH Internship Program  
ATTN: Ricardo Gonzalez, PhD  
Ettling Center for Civic Leadership  
University of the Incarnate Word  
4301 Broadway, CPO 382  
San Antonio, TX 78209

**CONTACT INFORMATION:**                Email: [rigonza4@uiwtx.edu](mailto:rigonza4@uiwtx.edu)  
Phone: (210) 283-6423  
Office Location: Administration Building, Room 158

**UNIVERSITY OF THE INCARNATE WORD**

WISH Internship Program

Student Application Form

(PLEASE PRINT)

NAME \_\_\_\_\_ UIW ID \_\_\_\_\_  
(Last) (First) (MI)

Male  Female  Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen  Permanent Resident

If non-U.S. citizen, please state your Visa status: \_\_\_\_\_  
(Some internships will require this information.)

**CURRENT CONTACT INFORMATION:** (IF YOU LIVE ON CAMPUS ONLY NEED CPO#)

\_\_\_\_\_  
(Street Address or CPO number) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PERMANENT CONTACT INFORMATION:**

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SEMESTER DESIRED FOR INTERNSHIP:**  Spring 2018 (Jan. 3- May 15)  Summer 2018 (May 15-August 15)  
 Fall 2018 (August 15- December 14) \*NOTE: Dates are approximate and will depend on your placement.

**ACADEMIC HISTORY:**

➤ ATTACH OFFICIAL TRANSCRIPTS FOR ALL COLLEGE COURSEWORK. (at UIW and any other colleges or universities)

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_  
CUMULATIVE GPA \_\_\_\_\_ EXPECTED GRADUATION DATE \_\_\_\_\_

(For Graduate Students): AREA OF GRADUATE STUDY \_\_\_\_\_ EXPECTED GRADUATION DATE \_\_\_\_\_

**STUDENT CONDUCT STANDING:**

➤ TAKE TO THE CAMPUS LIFE OFFICE FOR REVIEW AND SIGNATURE BY THE DEAN.

This student named above is  in good standing  on probation with the university.

\_\_\_\_\_  
Signature, Dean of Campus Life

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**STATEMENT OF PURPOSE**

On another sheet of paper, please answer the following questions honestly and completely. Please restate the question prior to your written response. (Please type your answers.)

1. Give a brief intellectual autobiography describing the formation of your academic interests.
2. Why would you like to intern in Washington, D.C.?
3. What are your current and long-term goals, and how do you see the internship assisting you in achieving these goals?
4. What is your dream career?

WISH Internship Program  
Student Application Form

**RECOMMENDATION PACKET**

List the name, title, address, and phone number of the faculty members you have asked to fill out a recommendation packet. **These individuals will include 1) your academic advisor, 2) an instructor of a course that you completed in your major, and 3) a second academic instructor.**

Academic Advisor:

_____	_____	_____	_____
Name	Title	Phone Number	CPO#( UIW faculty)
_____	_____	_____	_____
Address	City	State	Zip Code

Academic Instructor 1:

_____	_____	_____	_____
Name	Title	Phone Number	CPO#( UIW faculty)
_____	_____	_____	_____
Address	City	State	Zip Code

Academic Instructor 2:

_____	_____	_____	_____
Name	Title	Phone Number	CPO#( UIW faculty)
_____	_____	_____	_____
Address	City	State	Zip Code

**Certification and Permission to Access Academic Information**

I, \_\_\_\_\_ hereby give permission to the University of the Incarnate Word WISH Internship Program administrator to obtain any and all academic information including college transcripts, college acceptance, college financial aid/scholarship records, and current grades/academic progress reports.

Additionally, by signing this form, I certify that all of the information I included in this Application Packet is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
UIW ID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WISH INTERNSHIP PROGRAM  
FACULTY RECOMMENDATION FORM

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
PIDM

In compliance with the Family Rights and Privacy Act of 1974 (20 U.S.C.A. Sec. 1232G)

I hereby \_\_\_\_\_ waive \_\_\_\_\_ do not waive the right to examine this evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Applicant must complete the above section to have their recommendation reviewed.***

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**TO THE EVALUATOR**

The individual named above applied to become a participant in the WISH Internship Program and requested you evaluate their potential as an intern in Washington, D.C. If the applicant has not waived their right to examine this rating form, you should consider it non-confidential, and you may return the form incomplete. If additional space is needed, please use a separate sheet of paper. Place the completed evaluation in an envelope and give to the student for the application packet. Thank you.

1. In what capacity have you known the applicant and for how long?
  
  
  
  
  
  
  
  
  
  
2. Please comment on the student's academic strengths and weaknesses.
  
  
  
  
  
  
  
  
  
  
3. Does the applicant possess the initiative, maturity and commitment to support successfully an internship at a federal office or a national nonprofit headquarters? Please explain.

WISH INTERNSHIP PROGRAM FACULTY RECOMMENDATION FORM, page 2

4. Please rate the applicant in each attribute/skill listed below in comparison with other undergraduate students you have known.

	<i>NO BASIS TO JUDGE</i>	<i>TOP 10%</i>	<i>TOP 25%</i>	<i>TOP 50%</i>	<i>TOP 75%</i>	<i>BOTTOM 10%</i>
INTELLECTUAL ABILITY						
INTERPERSONAL SKILLS						
ORAL COMMUNICATION SKILLS						
WRITTEN COMMUNICATION SKILLS						
MOTIVATION/INITIATIVE						
COOPERATION						
EMOTIONAL MATURITY						
DEPENDABILITY						
CREATIVITY						
OPEN MINDEDNESS						
TASK COMPLETION (WORK ETHIC)						
REPRESENTATION OF UIW						

5. Additional Comments (feel free to use this space and the back of the page to explain any of your ratings above):

6. Recommendation for program (check one)

- \_\_\_\_\_ I highly recommend the applicant
- \_\_\_\_\_ I recommend the applicant
- \_\_\_\_\_ I recommend the applicant with reservations
- \_\_\_\_\_ I do not recommend the applicant

\_\_\_\_\_  
 Evaluator Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (print)

\_\_\_\_\_  
 Department

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Office Phone

\_\_\_\_\_  
 E-Mail

For questions or comments contact Dr. Ricardo Gonzalez at 210-283-6423 or email [rigonza4@uiwtx.edu](mailto:rigonza4@uiwtx.edu).  
 Please deliver form to Ricardo Gonzalez, Ettling Center for Civic Leadership CPO# 382 or AD 158

WISH INTERNSHIP PROGRAM  
FACULTY RECOMMENDATION FORM

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
PIDM

In compliance with the Family Rights and Privacy Act of 1974 (20 U.S.C.A. Sec. 1232G)

I hereby \_\_\_\_\_ waive \_\_\_\_\_ do not waive the right to examine this evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Applicant must complete the above section to have their recommendation reviewed.***

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**TO THE EVALUATOR**

The individual named above applied to become a participant in the WISH Internship Program and requested you evaluate their potential as an intern in Washington, D.C. If the applicant has not waived their right to examine this rating form, you should consider it non-confidential, and you may return the form incomplete. If additional space is needed, please use a separate sheet of paper. Place the completed evaluation in an envelope and give to the student for the application packet. Thank you.

7. In what capacity have you known the applicant and for how long?
  
  
  
  
  
  
  
  
  
  
8. Please comment on the student's academic strengths and weaknesses.
  
  
  
  
  
  
  
  
  
  
9. Does the applicant possess the initiative, maturity and commitment to support successfully an internship at a federal office or a national nonprofit headquarters? Please explain.

WISH INTERNSHIP PROGRAM FACULTY RECOMMENDATION FORM, page 2

10. Please rate the applicant in each attribute/skill listed below in comparison with other undergraduate students you have known.

	<i>NO BASIS TO JUDGE</i>	<i>TOP 10%</i>	<i>TOP 25%</i>	<i>TOP 50%</i>	<i>TOP 75%</i>	<i>BOTTOM 10%</i>
INTELLECTUAL ABILITY						
INTERPERSONAL SKILLS						
ORAL COMMUNICATION SKILLS						
WRITTEN COMMUNICATION SKILLS						
MOTIVATION/INITIATIVE						
COOPERATION						
EMOTIONAL MATURITY						
DEPENDABILITY						
CREATIVITY						
OPEN MINDEDNESS						
TASK COMPLETION (WORK ETHIC)						
REPRESENTATION OF UIW						

11. Additional Comments (feel free to use this space and the back of the page to explain any of your ratings above):

12. Recommendation for program (check one)

- \_\_\_\_\_ I highly recommend the applicant
- \_\_\_\_\_ I recommend the applicant
- \_\_\_\_\_ I recommend the applicant with reservations
- \_\_\_\_\_ I do not recommend the applicant

\_\_\_\_\_  
 Evaluator Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (print)

\_\_\_\_\_  
 Department

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Office Phone

\_\_\_\_\_  
 E-Mail

For questions or comments contact Dr. Ricardo Gonzalez at 210-283-6423 or email [rigonza4@uiwtx.edu](mailto:rigonza4@uiwtx.edu).  
 Please deliver form to Ricardo Gonzalez, Ettling Center for Civic Leadership CPO# 382 or AD 158

WISH INTERNSHIP PROGRAM  
ADVISOR RECOMMENDATION FORM

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
PIDM

In compliance with the Family Rights and Privacy Act of 1974 (20 U.S.C.A. Sec. 1232G)

I hereby \_\_\_\_\_ waive \_\_\_\_\_ do not waive the right to examine this evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Applicant must complete the above section to have their recommendation reviewed.***

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**TO THE ADVISOR**

The individual named above applied to become a participant in the WISH Internship Program and requested you evaluate their potential as an intern in Washington, D.C. If the applicant has not waived their right to examine this rating form, you should consider it non-confidential, and you may return the form incomplete. If additional space is needed, please use a separate sheet of paper. Place the completed evaluation in an envelope and give to the student for the application packet. For questions or comments contact Dr. Ricardo Gonzalez at 210-283-6423 or email [rigonza4@uiwtx.edu](mailto:rigonza4@uiwtx.edu). Thank you.

1. How long have you been the academic advisor to the applicant? \_\_\_\_\_ semesters
2. Will this internship delay the projected date of graduation for the applicant?  
 Yes  No  Unsure
3. A. If yes or unsure to question 2, have you discussed with the applicant the impact of the internship on the projected date of graduation?  Yes  No  
B. Does the applicant understand and accept the impact of this internship on his/her academic progress towards meeting graduation requirements?  Yes  No
4. Does the applicant possess the initiative, maturity and commitment to support successfully an internship at a federal office or a national nonprofit headquarters? Please explain on the back of this page.
5. Recommendation for program (check one)  
\_\_\_\_\_ I highly recommend the applicant  
\_\_\_\_\_ I recommend the applicant  
\_\_\_\_\_ I recommend the applicant with reservations  
\_\_\_\_\_ I do not recommend the applicant
6. Additional comments: Please use the back of this page to provide any other information that will be helpful to the internship panel.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
E-Mail