



Counseling Internship Application

Student's Name:	Address:
Date of Birth:	School:
Phone Number:	Grade:
Email:	Race/Ethnicity:

Guardian's Name:	
Phone:	
Email:	

In the event of an emergency, your guardian will be contacted first. If your guardian is not available, please list two other emergency contact numbers:

Emergency Contact 1: _____ Phone: _____
Emergency Contact 2: _____ Phone: _____

Please circle the career track that you are most interested in:

Social Work Therapist/Counselor Psychologist Psychiatrist (Doctor or APRN) Unknown/Undecided

Do you drive? Yes No

What college/university are you interested in attending?

What is your parent's highest level of education?

If funds allow, do you need a scholarship to cover the \$50 tuition? Yes No Maybe

Please scan and submit this application and recommendation letter via mail or email

Contactforourgirls@gmail.com.

Mailing address: 3805 McCain Park suite 101 North Little Rock, AR.

Checklist

Please keep this page for your records

___ Application sent via

Mail: address *3805 McCain Park suite 101 North Little Rock, AR.*

OR

Email: Contactforourgirls@gmail.com

___ Recommendation letter included with application

A teacher, guidance counselor and in some cases your guardian can complete the (short) letter. The letter should include: the relationship to the applicant, strengths, and reasons to be selected for the internship.

___ Scanned copy of school ID or photo ID (if applicable) included with application

___ Confirmation of received application (sent to the guardian's email on application)

___ Acceptance letter received

___ Program Fee (submitted 7 days after receiving acceptance letter)

Cashier's Check or Money Order: made out to *For Our Girls, Incorporated*

PayPal: [paypal.me/forourgirlsinc](https://www.paypal.me/forourgirlsinc)

(Please be sure that you see the yellow logo before sending your fee to ensure that you are sending money to the correct person).

___ Parent/guardian completed the Parent Meeting via zoom (Date: TBD)

*Scholarships will be given as needed and will be first come first serve. Please contact Nikia for any questions: 501-292-4529