

Lakeshore Foundation Student Application

NAME	MAILING ADDRESS
PHONE EMAIL	SCHOOL / UNIVERSITY ATTENDING
SCHOOL / UNIVERSITY ADDRESS	MAJOR EXPECTED GRADUATION DATE NUMBER OF HOURS REQUIRED
AREAS OF INTEREST (check all that apply) <input type="checkbox"/> aquatics <input type="checkbox"/> youth <input type="checkbox"/> athletics <input type="checkbox"/> teens <input type="checkbox"/> fitness <input type="checkbox"/> adults <input type="checkbox"/> recreation <input type="checkbox"/> seniors <input type="checkbox"/> shooting sports other _____	INTERNSHIP / PRACTICUM SESSION APPLYING FOR (circle one) <div style="text-align: center;"> <input type="radio"/> Winter (January – May) <input type="radio"/> Summer (May – August) <input type="radio"/> Fall (August – December) </div>