

**Sodexo Internship Fund Application**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

B number \_\_\_\_\_ US Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Binghamton email address \_\_\_\_\_@binghamton.edu

Permanent Mailing address \_\_\_\_\_

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

Current Year of Undergraduate Study (i.e. Junior) \_\_\_\_\_ Expected Graduation \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Current Sodexo student employee Yes \_\_\_\_\_ No \_\_\_\_\_

By signing the below, I attest that all of the information I have provided is accurate and I authorize University personnel to access and review my financial aid records and transcript for the purpose of evaluating my candidacy for the Sodexo Internship Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To complete this application the following must be submitted to CDC South, LSG 500. If by mail, please add: Binghamton University, PO Box 6000, Binghamton, NY 13902-6000

1. Completed application form
2. Resume
3. Personal Statement
4. A letter or email from the organization offering an internship position
5. Two reference letters