

Application for Internship



First Name _____ Last Name _____

Mailing Address _____ City _____

State _____ Zip Code _____ Email Address _____

Cell Phone Number _____ Other Phone _____

College/University _____ Major _____ Cumulative GPA _____

What year are you in your college experience?

In your own words, why are you applying for an internship with the Florida District?

What do you hope to gain from this experience?

Have you, or will you apply for the \$1,000 Summer Internship Scholarship given to one loan-grant ministerial student from each of our Wesleyan colleges? This scholarship is given through the Department of Education and Clergy Development in the Wesleyan Church. If you have applied, are you approved? Or when do you expect to hear?

What do you see yourself doing in ministry post-college? How could we best match you with someone who will help you develop?

Is Florida a target area for you to consider serving in ministry post-graduation?

Do your school fees include insurance coverage, or are you covered by a parent policy? Explain

Insurance carrier: _____ Policy# _____

**Please include two letters of recommendation.
One from a professor and one from your pastor (home church or college church).**

The Florida District of The Wesleyan Church

a missional multiplication movement

3807 Maryweather Ln #102 • Wesley Chapel, FL 33544 • 813-907-5511