



ASSOCIATION OF

FEDERAL COMMUNICATIONS CONSULTING ENGINEERS

WASHINGTON, D.C.

www.afcce.org

ENGINEERING INTERN REQUEST FORM

Please return this application by mail to:
or email to

AFCCCE
P.O. Box 19333
Washington, DC 20036
Attn: Scholarship Committee

The AFCCCE Scholarship Committee awards scholarships to college students who are undertaking a full-time undergraduate course majoring in engineering or sciences related to the telecommunications field at an accredited college or university. When possible, awards are linked to intern positions with AFCCCE Member or Associate Member organizations. Any AFCCCE Member or Associate Member may request an Engineering Intern for their organization by completing this form and submitting it to the Scholarship Committee.

Organization information:

ORGANIZATION			
NATURE OF YOUR BUSINESS			
ADDRESS (LOCATION WHERE INTERN WOULD WORK)			
CITY		STATE	ZIP CODE
PHONE	FAX	WEB ADDRESS	

AFCCCE Member or Associate Member information:

LAST NAME		FIRST NAME	M.I.
TITLE			
ADDRESS			
CITY		STATE	ZIP CODE
PHONE	FAX	EMAIL ADDRESS	

Intern position information:

JOB TITLE		WORK HOURS
NEEDED FOR (CHECK ALL THAT APPLY – PLEASE FILL IN YEAR):		
<input type="checkbox"/> SPRING SEMESTER _____ (YEAR)	<input type="checkbox"/> SUMMER _____ (YEAR)	<input type="checkbox"/> FALL SEMESTER _____ (YEAR)
<input type="checkbox"/> WINTER BREAK _____ (YEAR)		
<input type="checkbox"/> OTHER _____		
COMPENSATION:	IF PAID, RATE OF PAY	IF PAID, PAYCHECK FREQUENCY:
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID		<input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> OTHER: _____

School preferences may be based on academic reasons (e.g., familiarity with particular program or faculty) or practical reasons (primarily, intern’s travel requirements between school and job location).

SCHOOL PREFERENCE(S) (IF ANY)	
TRAVEL ALLOWANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE TRAVEL ALLOWANCE

Brief job description:

Please include additional relevant information here:

SIGNATURE

Your signature on this completed request form confirms your active status in the Association of Federal Communications Consulting Engineers. Requester acknowledges that this request may be withdrawn at any time, and AFCCE does not guarantee that the requested position will be filled.

MEMBER OR ASSOCIATE MEMBER SIGNATURE	DATE
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