



Application for Internship
Edina Chamber of Commerce

Name: _____

Address: _____

Permanent Phone: _____ Cell Phone: _____

Email: _____

School You Are Attending: _____

Name/Department of Advisor: _____

Advisor Phone/email: _____

Planned Graduation Date: _____

Major: _____

What are your career goals?

From an internship with the Edina Chamber of Commerce, I hope to gain:

Days and hours I am available: _____

Return to: Erica Hollom
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