

# The National Migrant Scholars Internship Initiative

In partnership with CoBANK, Farm Credit Services, National HEP/CAMP Association, and Michigan State University  
Operated By: MSU Migrant Student Services



## Mission:

“To provide internship opportunities for CAMP students across the nation.”

The purpose of this document is to Identify preliminary information to match the applicant’s qualifications to an internship opening.

# APPLICATION

This section should be completed by student.

## Student Information:

Name:  Date of Birth:  Mobile Phone Number:   
Alternate Phone Number:  Email:  Gender:   
Mailing Address:  City, State, Zip Code:

## Education Information:

College/University:  School Address:   
Student Class Level:  Expected Graduation Date:  Student Major:   
Languages: 1st   Speak  Write Minors and/or Specializations:   
2nd   Speak  Write  
3rd   Speak  Write

## Emergency Contact Information:

Name:  Relationship:  Mobile Phone Number:   
Alternate Phone Number:  Work Phone Number:   
Mailing Address:  Email:   
City, State, Zip Code:

## Photo/Audio/Video Release

I authorize Michigan State University to record my image and voice (or that of my minor child named below) and give Michigan State University and all persons or entities acting pursuant to MSU’s permission or authority, all rights to use the recorded images. I understand that said images will be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

Name of participant:  Date:

***THIS PORTION OF THE APPLICATION SHOULD BE COMPLETED AND SIGNED ONLY IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS OF AGE. IF YOU ARE OVER THE AGE OF 18 YOU CAN SKIP THIS SECTION AND BY SUBMITTING THE FORM YOU ARE AGREEING TO THESE TERMS.***

Signature of guardian:  Relationship with participant:   
Mailing Address:  Phone Number:   
City, State, Zip Code:  Email:

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### Personal Background Information:

Answer each of the following in 150 words or less.

1. Have you participated in an internship before? If so, where and what type of internship?

2. Why should you be considered for this Initiative?

3. What are your professional goals? What steps have you already taken to meet your professional goals?

4. Describe your strengths and opportunities for improvement.

5. What do you expect to gain from this internship opportunity?

6. What type of work experience do you have that will make you more marketable for internship opportunities?

7. Are you willing to relocate if relocation is required.

Yes

No

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## APPLICATION

This section should be completed by CAMP Director/Coordinator

Student Name:

Phone Number:

Electronically submit individual application materials as a PDF file to:

**Aleida Martinez, Associate Director**

Michigan State University - Migrant Student Services  
The National Migrant Scholars Internship Initiative

Email: [NMSI@vps.msu.edu](mailto:NMSI@vps.msu.edu)

### Application Materials Checklist:

- NMSI Application
- Biography
- Resume
- Transcript
- Portrait picture of the student

## NOTE!

- **Incomplete applications will not be considered.**
- **It is the applicant’s responsibility to notify The National Migrant Scholars Internship Initiative of any changes in address or phone number during the selection and notification processes.**
- **If selected, an orientation with NMSI requirements will be mandatory.**
- **All documents must be revised & approved by CAMP Director/Coordinator.**

**School Information** *(All applications must be submitted by the applicant’s College Assistance Migrant Program Director/Coordinator)*

CAMP Project:

CAMP Staff Submitting Application:

Staff Phone Number:

Mailing Address:

Work Phone Number:

City, State, Zip Code:

College/University Year System:

Quarter

Semester

Institution of Higher Education:

2 Year

4 Year

**\*\* By electronically submitting the student application you are confirming that you have reviewed the entire application and it meets your standards\*\***