

## SCDNR INTERN PROGRAM APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Town: \_\_\_\_\_

Valid driver's license? \_\_\_\_ Yes \_\_\_\_ No If yes, Drivers License # and State of Issue: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_ Major: \_\_\_\_\_

How many credit hours have you completed in your major area of study? \_\_\_\_\_

Cumulative GPA? \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

My primary area of interest is:      Regional Fisheries Management      Fish Propagation      Research

                                 Nongame Species Mgt.      No Preference

I am willing to work in:

\_\_\_\_\_ Columbia      \_\_\_\_\_ Clemson      \_\_\_\_\_ Bonneau      \_\_\_\_\_ Rock Hill      \_\_\_\_\_ Walhalla

\_\_\_\_\_ Other (Specify) \_\_\_\_\_      \_\_\_\_\_ No Preference

\_\_\_\_\_  
Academic Advisor Signature

\_\_\_\_\_  
Date

Please provide two references who are not relatives and a current resume not to exceed two pages.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Send resume and transcript to:      Lynn Quattro  
   SCDNR  
   P.O. Box 167  
   Columbia, SC 29202  
   quattrol@dnr.sc.gov

**Electronic submissions are preferred**  
**Deadline for submission is Nov. 10, 2017**

