



Julie Benafield Bowman
Commissioner

STATE OF ARKANSAS
Arkansas Insurance Department
Senior Health Insurance Information Program
SHIIP



Melissa Simpson
Director

INTERNSHIP APPLICATION

1. All applicants must submit a complete application packet by the appropriate deadline for the internship program and school session. Please include:
 - a. Internship Program Application
 - b. Current Resume
 - c. Cover Letter
 - d. A Letter of Recommendation

2. The application packet may be submitted by U.S. Mail, email or facsimile.

- a. Applications may be mailed to:

Arkansas Insurance Department
SHIIP
Attn: Ashley Bland
1200 W. 3rd Street
Little Rock, Arkansas 72201

- b. Applications may be emailed to:

ashley.lambert@arkansas.gov

- c. Applications may be faxed to:

SHIIP – Attn: Ashley Bland
501-371-2781

Incomplete applications will not be considered. Please review your items thoroughly prior to submission.

Arkansas Insurance Department

SHIIP – Internship Application

****Please type or print, neatly.****

PERSONAL DATA

Full Name:

College Address: _____

Is this your mailing address? Yes or No

If not, what is? _____

Phone:

Home(____) _____ - _____

Cell (____) _____ - _____

Resident of Arkansas? ____ Yes ____ No

Date of Birth: _____ - _____ - _____

Email Address: _____

AVAILABILITY

Please indicate the term in which you are interested.

_____ Fall 2008 - (Deadline August 22, 2008)

_____ Spring 2009- (Deadline December 05, 2008)

_____ Summer 2009-(Deadline March 2, 2009)

Please indicate your expected hours of availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Arkansas Insurance Department

SHIIP – Internship Application

EDUCATION INFORMATION

Current College or University: (*Name, City, State*): _____

Expected Graduation Date: _____

Major Field of Study: _____

Minor Field of Study: _____

Class Standing: _____ Freshman _____ Soph. _____ Junior _____ Senior

Grade Point Average: _____

Note: If you would like to receive academic credit for you internship, please send the appropriate materials from your college or university with your complete packet.

BACKGROUND INFORMATION

Have you served as an intern for the Arkansas Insurance Department before? ___ Yes ___ No

If yes, please list previous dates: _____

List ALL previous intern or cooperative education positions that you have held, if applicable:

ESSAY AND NARRATIVE INFORMATION

Please state why you would be a good representative of the Arkansas Insurance Department and the Senior Health Insurance Information Program.

What would you contribute to the Internship Program?

Arkansas Insurance Department

SHIIP – Internship Application

CERTIFICATION

My statement on this form and any attachment are true, complete, and correct to the best of my knowledge and belief. I understand that falsification of any of my answers will lead to the rejection of my application and/or immediate dismissal from the program.

Signature

Date

REFERENCES

Please include three references:

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____