

Internal LSTS Tuition Reimbursement/ Internship Application

Identifying Information

Full Name: _____ Date: _____
Last Name First Name Middle Initial

Current Team Assigned to: _____ Position Held: _____

How long have you been employed with LSTS?

> 6 months 6 mos-1 year 1-2 years 2-3 years 3-4 years 5+ years

Internship Level Hoping to Obtain:

BCBA-D	BCBA	BCaBA	Lead	Peer Mentor
Director	Executive	Administration	HR	Clinical Specialist

Other (please specify): _____

Education/Coursework History and Plan

Current Level of Education:

High School Graduate Some college/Associate's degree Bachelor's degree Master's degree

Other (please specify): _____

Current Certifications/Additional Trainings Completed:

Certifications Currently Held: _____

Currently Enrolled in an Educational Program/Certification Program? If so, please specify: _____

Additional Trainings Relevant to Position Applying for: _____

Plan and Goals for Educational Programs/Degrees/Certifications/Additional Trainings:

Coursework/Certification/Degree Required for Position Applying for: _____

Estimated Time for Completion of All Required: _____

Program/Certification/University Planning to Attend: _____

Total Estimated Cost of Coursework/Certification/Degree Required for Position: _____

Have you applied/been accepted to Program/University? _____

Desired/Target Start Date for Program/Certification/Degree: _____

Do you plan to continue working full-time while completing educational programs/certifications/degree/additional training? _____

Do you currently have any barriers in your professional or personal life that would limit or create significant challenges to reach your goal in the timeframe listed above? If so, please explain and include ways LSTS could assist/support you in overcoming these barriers: _____

Goals Overview

<p>Please briefly explain some of your top career goals:</p>	
<p>Please briefly explain what you see as LSTS role in the career goals listed above:</p>	
<p>Please briefly explain some of your personal goals and how they relate to LSTS and your career goals:</p>	

Company and Individual Goal Alignment

<p>Please explain how you have embodied LSTS mission, vision and values since starting employment with us:</p>	
<p>What are your favorite things about working for LSTS?</p>	
<p>Please briefly explain some of your ideas on how this internship can help you implement meaningful change for LSTS clients, families, the community and the organization as a whole:</p>	

Applicant Pitch

<p>Why should we choose you for this internship?</p>	
<p>Describe yourself in 250 words or less.</p>	
<p>What sets you apart from the rest and why is that important for us to know when considering you for this internship position?</p>	

References

Please list three professional references who can attest to the content of this application.

Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____

Disclaimer and Signature/Acknowledgement

I certify that my answers are true and complete to the best of my knowledge. By signing this form, I, also, acknowledge that I have received a copy of, read and agree to the Tuition Reimbursement/Internship Obligation Agreement. If this application leads to acceptance of Internal Internship opportunity,, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____	Date: _____
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Internal Use Only

Application Reviewed By:		Tuition Amount Approved for Reimbursement:	
Application Reviewed Date:		If Approved, Start Date:	
Decision:	Approved Denied	If Approved, Date Notified:	

