

APPLICATION FOR PiPN 2010

Name: _____

Address: _____

Telephone: _____ Email: _____

College: _____ Expected date of graduation: _____

- I am applying for:
 - Route #1: PiPN 2010 Summer Scholar Program at the Univeristy of Akron
 - Route #2: PiPN Student Internship (\$25 registration fee applies. See page 2.)
 - Route #3: PiPN 2010 Apprenticeship (\$25 registration fee applies. See page 2.)

- I am available for placement:
 - Semester: _____
 - Dates: _____

- Include a current resumé.
- Complete the following questions on separate pages:

Page One:

List your top three placement choices in order of preference.

A. _____

B. _____

C. _____

Page Two:

State, in a paragraph, your future career plans. If your plans are not clearly formulated, explain which university courses you enjoyed most and why.

Pages Three, Four and Five (Please use a separate sheet of paper for each as these will be forwarded to each company.):

1. State why you chose the placement that you did.
2. In a paragraph, state the goals that you have established for your internship or apprenticeship.
3. In a paragraph, explain the experiences and skills that you have that will enhance your placement.

Return PiPN application in electronic format ONLY to:
Sherry Mulne, PiPN Coordinator at bdirect@columbus.rr.com.
For more information, contact Sherry Mulne at 614-237-0700.

Route #2 or #3 applicants must complete Registration Payment Form on page 2.

PiPN 2010 Registration Payment form

If you are applying for Routes #2 or #3 (internship or apprenticeship), a \$25 registration fee is required. (There is no PiPN registration fee for students applying to the Summer Scholar Program.)

Please complete the following information and return to TNNA headquarters or fax with credit card information.

**TNNA
1100-H Brandywine Blvd.
Zanesville OH 43701
Fax: 1-740-452-2552**

Payment: Registration cannot be processed without payment.

Method of Payment:

- Check/Money Order (make check payable to TNNA)
 Debit Card Credit Card
 American Express Discover MasterCard Visa

Credit Card Account # _____

Exp. Date _____ **3 Digit Security Code** _____ **Amount to be charged \$** _____

Cardholder's Name (Print) _____

Billing Address _____ **City** _____ **State** _____ **Zip** _____

Authorize Signature _____

A \$25 fee will be charged for return checks. All payments in U.S. funds drawn on U.S. banks. Please return completed this form with payment to TNNA headquarters.