



635 Fritz Drive, Suite 100, Coppell, Texas 75019 phone: 972-906-7441 fax: 972-906-7418  
AVSS STUDENT INTERNSHIP APPLICATION

Application Date: \_\_\_\_\_

**REQUIREMENTS:**

- Must be a student member of IAAM (\$75 annual dues).
- Must be enrolled in a Bachelors or Masters program, full-time, at an accredited college or university. Pursuing a degree in an applicable curriculum like sports management, hotel restaurant management, entertainment, or theater arts.
- Must be least 21 years of age at or before the start of the school.
- Must fulfill duties as assigned on-site for entire week, includes registration and other duties as assigned.
- Must have a written letter of endorsement of faculty advisor, professor, or employer.
- Must submit a list of courses taken and G.P.A.
- Must submit a letter to IAAM, stating desire, need, and professional aspirations to the attention of Harold Hansen.
- Must be able to arrive on the morning of Friday, August 14, 2009 and leave the afternoon of Friday, August 21, 2009.
- All questions and completed applications must be sent via email to [Harold.Hansen@iaam.org](mailto:Harold.Hansen@iaam.org). Applications must be received on or before June 30, 2009.

NOTE: The internship includes:

- Housing
- Breakfast, Lunch, and Dinner each day
- Opening Reception & Technology Expo
- Graduation Reception and Dinner
- Opportunity to audit some AVSS courses

**The intern would be on his/her own to cover travel to and from the American Airlines Training Center.**

Please type or print clearly. Mail should be sent to:      School Address      Home Address

College/University Attending: \_\_\_\_\_

Undergraduate      Graduate      Major: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if not United States): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if not United States): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Preferred E-Mail: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ by: \_\_\_\_\_

Comments: \_\_\_\_\_