

AMERICAN FAMILY CHILDREN'S HOSPITAL
CHILD LIFE PRACTICUM STUDENT APPLICATION

NAME:

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

COLLEGE ATTENDED OR ATTENDING:

MAJOR AREA OF STUDY: _____

YEAR IN SCHOOL: _____

G.P.A.: _____

SEMESTER YOU ARE APPLYING FOR: _____

EMERGENCY CONTACT

NAME & RELATIONSHIP _____

PHONE NUMBER _____

