



B INSPIRED PHILADELPHIA

Internship Application

PERSONAL INFORMATION

FULL NAME

SCHOOL

YEAR

ADDRESS

PHONE NUMBER

E-MAIL

OUT OF SCHOOL TIME (OST) PROGRAM

SUMMER CAMP PROGRAM

PLEASE SHARE WHY YOU WANT TO BE A PART OF B INSPIRED PHILADELPHIA
(1-3 SENTENCES):

Please complete this form and email it to eharris@binspiredphiladelphia.org with the subject line: Internship Application Form Attached. Thank you!