



CHINA AIDS FUND, INC.

2020 Summer Internship Application

Internship date from July 1-Aug. 31 (4 to 6 weeks)

Personal Information

Name _____ Date of Birth _____

Home Address _____

Phone Number _____ E-mail _____

Name of the School _____

Emergency contact: name _____ phone number _____

Additional Information

1. Have you previously participate in CAF events or programs? No _____ Yes _____
If yes, name of the event or program?
2. Have you ever been awarded CAF scholarship? No _____ Yes _____ which year _____
3. How did you heard about this internship?
CAF website _____ CAF e mail _____ CAF member _____ Media _____ Other _____
4. Do you have past internship experience: No _____ Yes _____
(if yes, please provide a short description of your past experience)

Personal Statement (200 words or less)

Brief bio, including any past community services activities, career interest and why, what do you expect to gain from this career exploration experience

Parent's Consent

_____ (print name) give permission for my daughter/ son
_____ (name) to participate in CAF summer internship program.

Signature _____ Date _____

Applicant Consent

I certify that the information provided on this form is true to the best of my knowledge.

Signature _____ Date _____

Supplement Materials

1. School Transcript
2. Reference letter

Please mail all documents together with completed application form to China AIDs Fund attention to Frances Lui by Feb.28, 2020