OFFICE OF STATE TREASURER
STUDENT INTERN PROGRAM

Application

PERSONAL DATA (Please Type or Print)

Name

Email Address

Present Address

Permanent Address

City State Zip

City State Zip

( )

Telephone Number

( )

Telephone Number

University or College

Current Major or Area of Specialization

Completed Degree(s)

Major or Area of Specialization

Grade Level Cumulative GPA Expected Graduation Date Minor

DESIRED WORK HOURS

WEEKDAY	FROM	TO	# OF HOURS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
		Total Hours Per Week	

Please Complete page two

ELIGIBILITY REQUIREMENTS

Junior level or higher;

- **Communications:** Graduate student in journalism-related field (preferred), or junior or senior level journalism student with demonstrated writing experience.
- **Unclaimed Property**: Must have completed at least 12 semester credit hours of undergraduate accounting, business or public administration courses or a combination.
- **Accounting**: Must have completed at least 12 semester credit hours of undergraduate accounting courses.

Maintaining a minimum GPA of 3.0 on a 4.0 scale; and

Able to work a minimum of 12 hours per week.

APPLICATION REQUIREMENTS

- Completed and signed application form;
- Verification of current enrollment;
- Transcript(s) from college or university;
- Résumé with work experience, educational background, extracurricular activities, and honors/awards; and
- Letter of recommendation from a faculty member or from a current or prior employer (not a relative).

We will accept applications until the position is filled. Faxed copies may be submitted but must be followed by original documents.

Submit information to:

Human Resources Manager
Office of State Treasurer
2300 N. Lincoln Boulevard, Room 217
Oklahoma City, OK 73105
Fax: 405-521-4993

APPLICANT SIGNATURE

I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application and any attachments could cause me to be ineligible for the intern program or terminated from the intern program. I authorize the State Treasurer, or his designee, to investigate and verify the facts claimed by me on this application and any attachments.

_____ _____

Signature Date