



Calvados Internship Application
INSTRUCTIONS

The completed application packet should contain the following:

- ☐ Calvados Application (attached)
- ☐ Statement of Purpose (Describe your goals for your summer in Calvados and reasons why you should be considered for this internship in a one page essay.)
- ☐ **Two** letters of recommendation.
- ☐ Evaluation of French Language Proficiency Form (attached)

Deadline: December 18. 2015

The application and all supporting documents should be mailed or emailed to the address below:

**Lexington Sister Cities
200 East Main Street
Lexington, KY 40507**

smartin@lexingtonky.gov

For questions, contact:
(859) 258-3137 or
smartin@lexingtonky.gov

Calvados Internship Program

Purpose:

To provide the opportunity for professional experience abroad and improvement in linguistic knowledge by offering students from Lexington an internship in France.

Requirements

- Student must be 18 years of age or older
- Student must have finished at least one year of college
- Student must have a good knowledge of the language
- Students must complete a minimum training period of 2 months
- Complete Application Packet
- Language Evaluation from French Instructor
- Two letters of recommendation
- Must be interviewed and selected by Sister Cities Committee
- Resume and cover letter in the language of the host country

Provided

- Placement of student for internship
- Locate living arrangement
- Orientation for students upon arrival in host country
- **Either:**
 - Some compensation for living expenses, *or*
 - Paid internship
- **Airfare responsibility of student**

Lexington Sister Cities **Summer Internship Program in France**

Application

Last Name: _____

First Name: _____

Date of birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail Address: _____

How long at present residence: _____

Click to Attach Photo.

Present course of study: _____

Educational establishment: _____

Address: _____

Department Head: _____

Phone: _____ Email: _____

Mother/Father/Parent Name: _____

Profession: _____

Address (if different than yours) _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Mother/Father/Parent Name: _____

Profession: _____

Address (if different than yours) _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Number of siblings: _____

As part of your studies is it a requirement that you have a compulsory training period abroad?

☐ Yes ☐ No

Do you have to produce a written report of that training period?

☐ Yes ☐ No

Does your educational establishment have a standard contract for use with employers providing work placements?

☐ Yes ☐ No

FOREIGN LANGUAGES:

What foreign languages do you speak?

☐ French ☐ German ☐ Spanish ☐ Other (specify)

How long have you been learning French?

How would you describe your level of French?

Have you ever been abroad?

☐ Yes ☐ No

If yes, in which countries?

If you did, in what form was it?

- ☐ Stay in host family
- ☐ School trip
- ☐ Tourism
- ☐ Training period
- ☐ Other

When and how long?

PROFESSIONAL EXPERIENCE

Have you had previous work experience placements?

☐ Yes ☐ No

If so, please describe (name of the firm, description of the work, length of placement, when):

Have you ever had paid employment? If you have, what jobs were they?

What profession would you like to practice later?

FOREIGN STAY:

When do you wish to start your placement?

For how long do you want to be placed?

What are your aims for this placement?

- ☐ A specific professional or vocational training
- ☐ A paid employment
- ☐ A linguistic experience
- ☐ A tourist experience
- ☐ Other (specify)

What are the fields of activity or type of employment that you would like to work in?

What skills can you bring to that occupational area?

What software are you experienced in using?

Would you prefer to live:

- ☐ in a host family
- ☐ University
- ☐ Other _____
- ☐ Indifferent

Would you prefer to live:

- ☐ In a city
- ☐ In a village
- ☐ The nearest place from your firm
- ☐ Indifferent

ADDITIONAL INFORMATION

Do you have any special food requirements?

- ☐ Yes ☐ No

If so, please describe it.

Do you have allergies, asthma, diabetes or any other medical conditions that an employer or a host family should know about?

- ☐ Yes ☐ No

If yes, please describe them:

Do you smoke ?

- ☐ Yes ☐ No

How would you describe yourself?

What do you do in your spare time?

Any further information you would like to give?

How have you been informed about this training period network?

- ☐ By the newspaper
- ☐ By TV
- ☐ By your teacher
- ☐ By word of mouth
- ☐ Other _____

Evaluation of French Language Proficiency

Name (First, Middle, Last) _____

Years of French completed before college: _____

List relevant college level language courses you have taken:

<u>Course #</u>	<u>Title</u>	<u>Grade</u>	<u>Semester</u>

List relevant college level language courses you are taking/plan to take before attending the Calvados internship:

<u>Course #</u>	<u>Title</u>	<u>Grade</u>	<u>Semester</u>

EVALUATION BY AN INSTRUCTOR OF FRENCH

To the Evaluator: Your frank appraisal of this student's competence in French and the ability to cope in French during the initial transition period abroad will be of use to the student and will help the Calvados Internship Committee make the best possible selections for this year's internship.

<u>Language Skill</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Ability to speak French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand spoken French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to read French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach an additional page with any additional comments that you might have.

Name of Evaluator: _____

Title: _____

Signature: _____ Date: _____

Language evaluations are due by December 18, 2015 to Lexington Sister Cities Office.