

**U. S. Bankruptcy Court - Eastern District of North Carolina**  
**Student Intern Application**  
(Please Type or Print)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Time Period Requested:

FALL\_\_\_\_\_ SPRING\_\_\_\_\_ SUMMER

Intern Hours Per Week: \_\_\_\_\_

Dates of Internship:

\_\_\_\_\_ Through \_\_\_\_\_  
(Beginning Date) (Ending Date)

Please list the days and times you are available to work:

List computer programs in which you are proficient:

Briefly explain your goals and expectations for the internship:

**All applicants must consent to a background check in order to be eligible for the internship. Please provide the following information:**

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**(NOTE: Social Security Number will be used by the court for the purpose of conducting the background check only).**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please submit application and a current college transcript to:

Clerk, US Bankruptcy Court  
Attn: Training Specialist  
1760-A Parkwood Blvd.  
Wilson, North Carolina 27893