UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

Name:

Address:

Phone Number:

Email:

School Presently Attending:

Time Period Requested:

Intern Hours Per Week:

Dates of Internship:

Beginning Date through Ending Date

Please list days & 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: _____ SSN# _____ Driver 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
P.O. Box 791
Raleigh, NC 27602