



STUDENT INTERNSHIP APPLICATION FORM

Please fill out and return to: Matt Hatch (MHatch@gocolours.com)

Student Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License: YES NO

E-mail Address: _____

School Name: _____

Instructor: _____

Student ID Number: _____

Will you or have you participated in co-op: YES NO

Graduating Year: _____

Do you speak languages other than English: _____

What is your current major/area of interest? _____

In a few words, describe what made you interested in the Collision Industry and makes you a good candidate for this Internship.