



Howell-Oregon Electric Cooperative, Inc.

2023 Internship Application

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Daytime Phone Number: () _____ Evening Phone Number: () _____

Name of University: _____

Freshman _____ Sophomore _____ Junior _____ Senior _____

How many credit hours have you completed? _____

What degree are you pursuing? _____

Name of Department Chair: _____

University Phone Number: () _____ Fax Number: () _____

Student's Grade Point Average: _____ ACT Composite Score _____

Please describe your career goals.

Please list any special accomplishments/achievements.

Please provide the names and telephone number of at least two references:

1. Name _____ Phone _____

2. Name _____ Phone _____

Applications should be mailed to:

Howell-Oregon Electric Cooperative, Inc.

Attention: Member Services

P.O. Box 649

West Plains, MO. 65775

Please sign and date the application below.

Signature

Date

An Equal Opportunity Employer