



CANKDESKA CIKANA
COMMUNITY COLLEGE

Spirit Lake Tribe

CCCC Student Internship Application



Please Print or Type

Name _____ Home Phone _____

Social Security # _____ Email: _____

PO Box _____

Physical Address _____ Date of Birth _____

City/State/Zip _____

Male/Female ____ Ethnic Background: AI/AN White Black Asian Hispanic

Tribal Affiliation _____ Tribal Enrollment Identification Number _____

Veteran _____

Program of Study/Interest _____

Emergency Contact

Name _____ Phone _____

Address _____ Email _____

Employer _____

Relationship _____

Signature _____ Date _____