



**Application for Sib Internship** Only siblings of people with disabilities who have completed at least one year of college are eligible to apply.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_ (one you check at least daily)

College: \_\_\_\_\_ Graduation year \_\_\_\_\_ GPA \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ County of residence \_\_\_\_\_ Driver's license #: \_\_\_\_\_

Name of sibling with disability \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis or description of condition (cerebral palsy, non-verbal, cognitive delay, etc)

What degree or career are you pursuing?

Describe a project or responsibility you recently accomplished. Were you trying to change something? If so, what? What one lesson did you learn in the process of completing the project? (use the back if needed)

References: Please list the complete name, address, phone number of at least 2 adults with knowledge of your character, experiences and ability. **NO MORE THAN ONE RELATIVE.**

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS APPLICATION IS CORRECT.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for applying. If you have any questions, please feel free to contact me.**

Harriet Redman, executive director  
920-968-1742 [info@wisconsibs.org](mailto:info@wisconsibs.org)

**[MAIL THIS APPLICATION TO WisconSibs, 211 E FRANKLIN ST, APPLETON, WI 54911](#)**