



Application for Sib Internship - Only siblings of people with disabilities who have completed at least one year of college are eligible to apply. Job description at <https://wisconsibs.org/what-we-offer/summer-programs/>

Name: _____ Date of Birth: _____

School address: _____ City: _____ State: _____ Zip: _____

Home 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?

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 **EMAIL THIS APPLICATION TO: info@wisconsibs.org**