



# Island Energy Inquiry™

## 2011 Graduate Student Island Energy Mentorship Application Form

**COMPLETE AND RETURN BY APPLICATION DEADLINE JANUARY 24, 2011**

ALL required forms to: MEDB, Inc., 1305 North Holopono Street, Suite 1, Kīhei, HI 96753

Attn: Diana Papini Warren

Fax: (808) 879-0011 Questions Contact: Diana at 808-270-6804 E-mail: [diana@medb.org](mailto:diana@medb.org)

### A. APPLICANT INFORMATION

Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Legal name as stated on valid ID like driver's license, student ID, State ID, etc.)

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address, City, State, Zip \_\_\_\_\_

US citizen?  Yes  No VISA Type (If No): \_\_\_\_\_

College Name \_\_\_\_\_ Grade \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

Are you a UH Manoa Engineering student  Yes  No Are you a REIS (renewable energy and island sustainability) student  Yes  No

Major \_\_\_\_\_

School Address City, State, Zip \_\_\_\_\_

### B. EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### C. PERSONAL STATEMENT

Please describe your academic and professional areas of interest and how you would benefit from this opportunity:

### D. RESUME

Please attach a one-page resume highlighting your academic and professional objectives, work experiences, and extra-curricular activities, along with a cover letter explaining your interest in the Women in Technology Internship Program, your expectations, how this opportunity will help in your career path and any other information you deem relevant.

### E. REFERENCES

Please provide two references (non-familial), one that is familiar with you in an academic context and the second who is familiar with you in a professional or extra-curricular context.

#### 1. ACADEMIC REFERENCE

Name: \_\_\_\_\_ Business/Institution \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### 2. WORK/EXTRA-CURRICULAR REFERENCE

Name: \_\_\_\_\_ Business/Institution \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### F. AGREEMENT

I understand that upon my acceptance of this position, I have a binding commitment to fulfill the terms and agreed upon duration of my participation. Required Workshop Dates for Travel/Support: Feb. 19 & 26, March 14, 15, 17, & 18. Additional dates TBD and subject to change. Requirements: Attend All Workshop Dates, Provide Support in at least two classrooms.

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date