

Horticulture Club

12500 CAMPUS DRIVE OAKLAND, CA 94619 OFFICE 510-436-2418 FAX 510-436-2631 WWW.MERRITTLANDHORT.COM

INTERNSHIE	APPLICATION		Date:		
Name:			-		
Address:					
City:				Zip:	
CONTACT I	NFORMATION:				
Phone:		Email:			
A VAILABILI	TY:				
Days:			Times:		
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Why do you	want to participate i	in the Intern Pr	ogram? Wha	at do you hope to	gain from the experience
What course	s have you taken tha	at relate to Hor	ticulture?		
	,				
Do you have	previous training th	at you feel rela	ites to this in	ternship?	
Many tasks in	n public gardens and	d Arboretums a	re tedious ar	nd not glamorous.	Please comment on
•	nce with the "daily g				
-1 11					
Please list the	ree non- academic r	eferences and	contact infor	mation.	
Please comm	ent on your near fu	ture plans and	your career a	aspirations.	







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