



2019 INDIANA BANKING INTERNSHIP PROGRAM

BANK COMMITMENT FORM

<input type="checkbox"/> Yes , our bank would like to participate in the Indiana Banking Internship Program.		
We have openings for _____ intern(s).		
CEO NAME:		
BANK NAME:		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY:	ZIP CODE:	PHONE:
INDIVIDUAL TO SUPERVISE INTERN:		
INTERN SUPERVISOR'S EMAIL:		
REQUEST FOR INTERN FROM SPECIFIC COLLEGE/UNIVERSITY (IF PREFERENCE):		
In addition to academic excellence and a strong desire to work in the banking industry, please find us a student who possesses the following skills:		
CEO SIGNATURE:		

Your Indiana Bankers Association contact person will be Rod Lasley. You'll receive more information as the program gets underway. Please return this form to the address below, or email it to rlasley@indianabankers.org.

Internship Program/Rod Lasley
Indiana Bankers Association
8425 Woodfield Crossing Blvd., Suite 155E
Indianapolis, IN 46240

Please return by November 16, 2018