



SAULT TRIBE INTERNSHIP PROGRAM

2 Ice Circle Drive
Sault Ste. Marie, MI 49783
PHONE (906) 635-7010

What is the Sault Tribe Internship Program?

The Sault Tribe Internship Program is intended to be an exciting experience providing college level Sault Tribe members with an opportunity to learn more about Sault Tribe and gain practical experience in their chosen field of study. Interns will have the opportunity to attend cultural and governmental events as well as career focused training. They will also have the opportunity to interact with the Tribal Board of Directors, Executive Administrators and Program Directors.

Possible Placements

Administration, Education, Enterprises, Fiscal Services, Fisheries & Wildlife, Health, Judicial/Legal Services, Kewadin Casinos, Language & Culture, Law Enforcement, Recreation, Social Services, etc.

Details

Schedule: June 3- August 9, 2024 (10 Week Program)

Compensation: \$15.50 per hour

Work Schedule: 40 hours a week on site, Monday-Friday (primary schedule) with some special events occurring on weekends or after the typical workday

Eligibility: Must be a Sault Tribe Member; sophomore through graduate student

Requirements:

1. Cover Letter, typed describing your academic and professional goals
2. Application (available at saulttribe.com or by emailing internships@saulttribe.net)
3. Resume
4. Transcripts
5. Copy of Tribal Card (Make sure card is not expired.)

Application Deadline: **Friday, March 29, 2024 by 5:00 p.m. E.T.**

Submit all 5 documents to: internships@saulttribe.net or USPS mail to address above (e-mail preferred).



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|-------------------------|
| FOR OFFICIAL USE |
| ASSIGNED NUMBER |
| 2024- |

2024 APPLICATION

Personal Information:

| | | | | | |
|-----------|--|------------|--|-------|--|
| Last Name | | First Name | | M.I. | |
| Address | | | | | |
| City | | State | | Zip | |
| Email | | | | Phone | |

Current School/Student Information:

| | | | | | |
|--|----------------------|-------------------|-----------------|---------------------|--|
| School Name | | | | | |
| City | | State | | Zip | |
| Major | | Minor | | | |
| To be eligible for the summer internship program, applicants must be at least a sophomore (Fall, 2024) or have earned at least 28 credit hours. Credits not yet earned, but scheduled to be completed by the time the internship begins can be counted. Cutoff date for completion is 5/31/24. | | | | | |
| Cum. GPA | | | Credits Earned | | |
| Scale (Credit Hours): | Sophomore (28-55) | Junior (56-87) | Senior (88+) | Graduate Student | |

Previous Schools Attended:

| | | | |
|-------------|--|-------|--|
| School Name | | Major | |
| School Name | | Major | |

Leadership Roles/Memberships/Volunteer Activities/Scholarships:

| |
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| |
| |
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Describe your long-range professional goals:

Describe what you would like to gain from your Sault Tribe internship:

Placement Preferences: Rank 1, 2, 3

| | | | | | |
|-----------------|--|-------------------------|--|--------------------|--|
| Administration | | Fisheries & Wildlife | | Language & Culture | |
| Education | | Health | | Law Enforcement | |
| Enterprises | | Judicial/Legal Services | | Recreation | |
| Fiscal Services | | Kewadin Casinos | | Social Services | |
| Other | | | | | |

Describe which internship placement is your preference and why:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Skills: (List skills you possess such as technology, equipment, interpersonal and how many years of experience with each skillset)



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References: (No relatives)

| | | | |
|-------------|--|----------------|--|
| Name/ Title | | Email or Phone | |
| Name/ Title | | Email or Phone | |
| Name/ Title | | Email or Phone | |

Screening Questions:

| | |
|---|--|
| Have you ever been employed by the Sault Tribe (including prior internships)? | |
| Would you object to completing a background investigation? | |

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that falsified statements on this application in any detail shall be considered sufficient cause for disqualification from further consideration for this internship program.

SIGNATURE: _____ DATE: _____

| | |
|-------------------------|----------------|
| FOR OFFICIAL USE | |
| RECEIVED BY: | DATE RECEIVED: |