



**SAULT STE. MAIRE TRIBE OF CHIPPEWA INDIANS**  
**INTERNSHIP PROGRAM**  
 523 ASHMUN STREET  
 SAULT STE. MARIE, MI 49783  
 PHONE (906)635-6050 FAX (906)635-4969

**2021 SAULT TRIBE INTERSHIP PROGRAM**  
**INSTRUCTIONS**

**ELIGIBILITY:**

- SAULT TRIBE MEMBER
- MUST BE ATTENDING A COLLEGE, UNIVERSITY, TRADE SCHOOL, OR TECHNICAL COLLEGE
- INCOMING COLLEGE FRESHMAN, SOPHOMORE, JUNIOR SENIORS, GRADUATE STUDENTS, OR OTHER TECHNICAL/TRADES PROGRAMS
- MUST BE 18 YEARS OF AGE OR OLDER

**OTHER REQUIREMENTS:**

- COMPLETE APPLICATION
- COMPLETE PERSONAL ESSAY
- OBTAIN COLLEGE/SCHOOL ADVISOR RECOMMENDATION
- PROVIDE TRANSCRIPTS
- PROVIDE COPY OF SAULT TRIBE MEMBERSHIP VERIFICATION/CARD

**ESSAY INSTRUCTIONS:**

- 1 PAGE IN LENGTH
- MUST BE TYPED, 12 PT, TIMES NEW ROMAN FONT, 1-INCH MARGINS
- RECOMMENDED TO SUBMIT PDF VERSION, BUT GOOGLE DOC OR MS WORD WILL ALSO BE ACCEPTED.
- TOPIC: DESCRIBE YOUR ACADEMIC & PROFESSIONAL GOALS AND IDENTIFY HOW YOU PLAN TO CONTRIBUTE BACK TO YOUR SAULT TRIBE & COMMUNITY

**SUBMISSION INSTRUCTIONS:**

- SUBMISSION **DEADLINE FRIDAY MAY 14, 2021 AT 5:00 PM (EST)**
- APPLICATIONS MUST BE COMPLETE
- ALL DOCUMENTS MUST BE SUBMITTED PRIOR TO DEADLINE
- NO MATERIALS WILL BE ACCEPTED AFTER THE DEADLINE
- SUBMISSIONS WILL BE ACCEPTED VIA EMAIL, US MAIL OR FAX
- WE WILL NOT BE RESPONSIBLE FOR TECHNOLOGY ERRORS. IT IS THE APPLICANT’S RESPONSIBILITY TO FOLLOW-UP OR ENSURE THAT THE APPLICATION HAS BEEN RECEIVED BEFORE THE DEADLINE.

<b>EMAIL</b>	INTERNSHIPS@SAULTTRIBE.NET
<b>US MAIL</b>	SAULT TRIBE OF CHIPPEWA INDIANS ATTN: ASSISTANT EXECUTIVE DIRECTOR 523 ASHMUN STREET SAULT STE. MARIE, MI 49783
<b>FAX</b>	(906)635-4969

- INTERNS WILL BE RESPONSIBLE FOR THEIR OWN HOUSING & TRANSPORTATION
- IF PROGRAM DATES CONFLICT WITH SCHOOL SESSION DATES, PROVIDE NOTICE ON APPLICATION



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**FOR OFFICAL USE**

ASSIGNED NUMBER

**2021-** \_\_\_\_\_

**APPLICATION**

**PERSONAL INFORMATION:**

NAME					DOB			
ADDRESS					SS #			
CITY				STATE		ZIP		
EMAIL				HOME PHONE			MOBILE	
PREFERRED METHOD OF CONTACT	BEST TIME		MAIL		EMAIL	HOME	MOBILE	

**CURRENT SCHOOL:**

SCHOOL NAME								MAJOR			
SCHOOL ADDRESS								MINOR			
CITY				STATE		ZIP		CUM. GPA			
2020-2021	FRESHMAN	SOPH.	JNR.	SNR.	GRAD. STUDENT	CREDITS EARNED					

**PREVIOUS SCHOOLS ATTENDED:**

SCHOOL NAME								MAJOR			
SCHOOL ADDRESS								MINOR			
CITY				STATE		ZIP		CUM. GPA			
DATES ATTENDED				CREDITS EARNED				DID YOU GRADUATE?		YES	NO

SCHOOL NAME								MAJOR			
SCHOOL ADDRESS								MINOR			
CITY				STATE		ZIP		CUM. GPA			
DATES ATTENDED				CREDITS EARNED				DID YOU GRADUATE?		YES	NO

**LEADERSHIP ROLES/MEMBERSHIPS/VOLUNTEER ACTIVITIES:**

LEADERSHIP ROLES HELD		ACTIVE MEMBERSHIPS		PAST & CURRENT VOLUNTEER ACTIVITES	
DATES		DATES		DATES	
COMPANY		COMPANY		COMPANY	



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**REFERENCES:** (NO RELATIVES)

REFERENCE 1:		REFERENCE 2:		REFERENCE 3:	
NAME		NAME		NAME	
TITLE		TITLE		TITLE	
# YRS		# YRS		# YRS	
PHONE		PHONE		PHONE	
EMAIL		EMAIL		EMAIL	

**INTERNSHIP PREFERENCES:**

PRIMARY CHOICE		SECONDARY CHOICE	
DIVISION/DEPT		DIVISION/DEPT	
ENVIRONMENT		ENVIRONMENT	
DUTIES/TASKS		DUTIES/TASKS	
FIELD OF INTEREST		FIELD OF INTEREST	

**SKILLS:** (IDENTIFY SKILLS YOU POSSESS/YRS OF EXPERIENCE/TYPES USED)

TECHNOLOGY		EQUIPMENT		INTERPERSONAL	
YRS EXP		YRS EXP		YRS EXP	

SCREENING QUESTIONS:	RESPONSE
HAVE YOU EVER BEEN EMPLOYED BY 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			
SUBMISSION METHOD	COMPLETE			YES		NO	# PAGES

**Student Advisor's Recommendation Form**  
**2021 Sault Tribe Internship Program**

**Student's Name:** \_\_\_\_\_ **Class Level:** \_\_\_\_\_

**College/University:** \_\_\_\_\_ **Degree Program:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Areas of possible placement for Student Internship:** *please check the box of the Department(s) where you believe student will receive the most benefit for their academic goals*

- |                          |                              |   |
|--------------------------|------------------------------|---|
| <input type="checkbox"/> | <b>Communications</b>        | (Video Productions, Tribal Newspaper, Tribal Website)       |
| <input type="checkbox"/> | <b>Cultural Department</b>   | (Ojibwe Language, Training, Outreach)                       |
| <input type="checkbox"/> | <b>Education</b>             | (Youth Education & Activities, Adult Education, Head Start) |
| <input type="checkbox"/> | <b>Fiscal Services</b>       | (Accounting, Budgeting, Investments)                        |
| <input type="checkbox"/> | <b>Fisheries</b>             | (Management, Enhancement, Regulation)                       |
| <input type="checkbox"/> | <b>Health</b>                | (Nursing, Nutrition, Dental, Community Health, Pharmacy)    |
| <input type="checkbox"/> | <b>Housing</b>               | (Resident Services, Homeownership, Home Improvement)        |
| <input type="checkbox"/> | <b>Judicial Services</b>     | (Tribal Court, Legal, Probation)                            |
| <input type="checkbox"/> | <b>Kewadin Casinos</b>       | (Marketing, Management, Public Relations)                   |
| <input type="checkbox"/> | <b>Law Enforcement</b>       | (Police Officers, Detention Officers)                       |
| <input type="checkbox"/> | <b>MIS</b>                   | (Telecommunications, Computer Information Systems)          |
| <input type="checkbox"/> | <b>Purchasing</b>            | (Shipping, Receiving, Management)                           |
| <input type="checkbox"/> | <b>Recreation</b>            | (Events, Fitness, Administration)                           |
| <input type="checkbox"/> | <b>Social Services</b>       | (Child Placement, Behavioral Health, Direct Services)       |
| <input type="checkbox"/> | <b>Tribal Administration</b> | (Management, Administrative)                                |
| <input type="checkbox"/> | <b>Tribal Enterprises</b>    | (Hospitality, Retail)                                       |
| <input type="checkbox"/> | <b>Other:</b> _____          |   |

**Please provide a narrative justification explaining what benefit the student might realize with practicum experience in the identified department(s) above: (provide additional pages if needed.)**

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**The competition for an internship with Sault Tribe is very strong. Why should this student be considered for the internship experience?**

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**Advisors Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Advisors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This completed form must accompany student's application for 2021 Sault Tribe Internship Program.*  
**APPLICATION DEADLINE IS MAY 14, 2021**