

# able

## SOUTH CAROLINA

### Internship Application

Full Name:	
Email:	
Phone:	
Address:	
School/College/University:	
Education Program:	
Program Level: (choose one)	
<input type="checkbox"/> Highschool	<input type="checkbox"/> College
<input type="checkbox"/> Graduate School (Masters or PhD.)	
Expected graduation date:	
Internship start date:	End date:
Career Goals:	
What is your experience with people with disabilities?	
Why does Able South Carolina seem like a good fit?	

Do you prefer working with individuals one-on-one or more macro work (it's ok to say both)?:

How did you hear about us?