BankLEAD INTERN PROGRAM

BANK COMMITMENT FORM

☐ **Yes**, our bank would like to participate in the BankLEAD Intern 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 Ross Teare. You'll receive more information as the program gets underway. Please return this form to the address below or email it to rteare@indiana.bank.

BankLEAD Intern Program/Ross Teare
Indiana Bankers Association
8425 Woodfield Crossing Blvd., Suite 155E
Indianapolis, IN 46240

Please return by March 11

PRINT CLEAR