



*KTH INTERNSHIP PLACEMENT PROGRAM;*

*Work to learn and give in Palestine!*

**INTERN APPLICATION**

**INSTRUCTIONS FOR COMPLETION: Incomplete applications will not be considered.**

1. **You must submit a 1-page-maximum signed cover letter** with your application. When writing it, try to keep in mind the following important questions.
    - a. Why do you want an internship in Palestine as opposed to elsewhere?
    - b. What goals are you expecting to achieve personally and for Palestinians collectively through the KTH internship program?
    - c. What occupation interests you and why?
    - d. Are there specific professional skills or experience do you hope to gain through a KTH Internship?
    - e. What personal gifts or unique perspectives will YOU personally bring to this national project as a KTH intern? How will you give back to KTH and to Palestine?
  2. **You must submit a 1-page resume or CV** with your application. If applicable, this should include your work history of *the last 3 positions or more*. For more information on CV's or resumes, contact HCEF's USA offices. Contact information is at the bottom of this page.
  3. **2 letters of recommendation from professors, academic advisors, supervisors, coaches, or other adult mentors, MUST** be submitted in order for your application to be considered complete.
  4. Do not exceed the space provided for each response. If you require additional space, please use the additional page at the end of your application.
  5. You may submit your application by e-mail as a scanned document, by mail, or by fax.
  6. You must submit **1 profile photo of yourself electronically**.
  7. You must **ALSO mail 2 passport-sized photos of yourself in hard-copies to our offices**.
  8. Your application must be **signed (actual signature) by you**, and the two (2) letters of recommendation must be **signed (actual signature) by those recommending you**.
  9. Please tell the persons recommending you that they may e-mail [kthinternships@hcef.org](mailto:kthinternships@hcef.org) from their organizational/company e-mail. Letters should be sent as scanned PDF attachments\*. The letters should be on letterhead and include the recommender's title and complete contact information.
  10. Each letter must be addressed to **"The Know Thy Heritage Internship Placement Committee"**
- \*Letters may also be faxed to: (301)951-9402 or mailed to the HCEF offices in Bethesda, MD. (Address below.) If you have any questions, do not hesitate to call our offices at (301) 951 9400.*

**PLEASE TYPE YOUR ANSWERS**



A PROGRAM OF

**The Holy Land Christian Ecumenical Foundation**

**Bethesda, Maryland, USA**

6935 Wisconsin Avenue, Suite 518  
Bethesda, MD 20815  
Office 301 951 9400; Fax 301 951 9402

**Bethlehem, Palestine**

46 Alatan Street  
Bethlehem, Palestine  
PO Box 14152, Jaffa Gate, Jerusalem

[kthinternships@hcef.org](mailto:kthinternships@hcef.org); [www.hcef.org](http://www.hcef.org)

# 1. APPLICANT GENERAL INFORMATION

**Title:** (Mr./Mrs./Ms.) \_\_\_\_\_ **Last name:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Full Name:** First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_

**Your date of Birth** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Your place of Birth** City \_\_\_\_\_ **Country:** \_\_\_\_\_

## **Home Address:**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_

## **Email address:**

## 2. APPLICANT'S INTERNSHIP GOALS

*Internships typically last for a minimum of 10 weeks, and a maximum of 1 year.*

**What is the earliest date you can begin your internship?(mm/dd/yy)**

**What is the latest date you can complete your internship?(mm/dd/yy)**

**What is the ideal length of time you would like to spend at your internship?**

## 3. APPLICANT'S POST-PRIMARY EDUCATION (most recent first)

**(1.) School:** \_\_\_\_\_

Completion level: \_\_\_\_\_ Major: \_\_\_\_\_

Coursework in your field of interest:

GPA: \_\_\_\_\_ GPA in major (optional): \_\_\_\_\_

### **(2.) School:**

Completion level: \_\_\_\_\_ Major: \_\_\_\_\_

Coursework in your field of interest:

GPA: \_\_\_\_\_ GPA in major (optional): \_\_\_\_\_



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**(3.)School:**

Completion level: \_\_\_\_\_ Major: \_\_\_\_\_

Coursework in your field of interest:

GPA: \_\_\_\_\_ GPA in major (optional): \_\_\_\_\_

**4. APPLICANT’S VOLUNTEER EXPERIENCE/ LEADERSHIP HISTORY**

**(1.) Organization or group name:**

Dates of involvement: \_\_\_\_\_ Position title (if applicable): \_\_\_\_\_

Please briefly describe your responsibilities and specific projects (individually or as part of a team):

**(2.) Organization or group name:**

Dates of involvement: \_\_\_\_\_ Position title (if applicable): \_\_\_\_\_

Please briefly describe your responsibilities and specific projects (individually or as part of a team):

**(3.) Organization or group name:**

Dates of involvement: \_\_\_\_\_ Position title (if applicable): \_\_\_\_\_

Please briefly describe your responsibilities and specific projects (individual or as part of a team):



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**5. LANGUAGE SKILLS** *Thank you for your complete honesty. Arabic proficiency is NOT a prerequisite for all training positions. Place an "x" in the box next to your self-assessed level in each skill (Listening comprehension, speaking, reading & writing) for each language which you understand, speak, read and/or write.*

**Skill Level Descriptions**

**Beginner:** Understands/can say a few polite words or phrases.

**Intermediate:** Can understand basic topics/express oneself intelligibly, even if slowly, with some pauses or with lapses into ones first language.

**Proficient:** Understands most words in native conversation or text/can express oneself correctly and eloquently on a wide variety of topics, *and does NOT require word-for-word translation to learn new vocabulary or concepts.*

<b>ENGLISH:</b>	<b>Listening Comprehension</b>	Beginner	Intermediate	Proficient
	<b>Speaking</b>	Beginner	Intermediate	Proficient
	<b>Reading</b>	Beginner	Intermediate	Proficient
	<b>Writing</b>	Beginner	Intermediate	Proficient
<b>ARABIC:</b>	<b>Listening Comprehension</b>	Beginner	Intermediate	Proficient
	<b>Speaking</b>	Beginner	Intermediate	Proficient
	<b>Reading</b>	Beginner	Intermediate	Proficient
	<b>Writing</b>	Beginner	Intermediate	Proficient
<b>Other:</b>	<b>Listening Comprehension</b>	Beginner	Intermediate	Proficient
<i>(Please indicate which language in the space above.)</i>	<b>Speaking</b>	Beginner	Intermediate	Proficient
	<b>Reading</b>	Beginner	Intermediate	Proficient
	<b>Writing</b>	Beginner	Intermediate	Proficient

COMMENTS:

**6. Place a "✓" in the box next to your SPECIAL SKILLS OR KNOWLEDGE**

- Accounting
- Advocacy
- Arabic-English Interpretation/Translation
- Architecture/Engineering
- Art: (painting, animation, music, drama, creative writing, etc.)
- Banking
- Bi/Multilingual (English/\_\_\_\_\_)
- Business/ Business Administration
- Chef/Cook
- Communications/Broadcasting/Journalism
- Construction
- Education
- Event Management/Coordination
- Finance
- Fundraising/Proposal Writing

- Graphic Design
  - IT/Software Development
  - Law
  - Marketing
  - Medicine/Nursing
  - Natural Sciences
  - Photography/Videography
  - Psychology/Sociology/Social Work/ Counseling
  - Research
  - Web Design/Management
  - Other** (Please describe below.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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## 7. CITIZENSHIP INFORMATION

### Your citizenship Information

Citizenship (1) \_\_\_\_\_ Passport # \_\_\_\_\_

Citizenship (2) \_\_\_\_\_ Passport # \_\_\_\_\_

Do you possess Palestinian identification? Yes No If yes, ID # \_\_\_\_\_

## 8. FAMILY INFORMATION

Is one or more of your parents Palestinian? Please check any that apply. Mother Father  
Where would you say your family is from? (City, Country)

### FATHER'S INFORMATION

First Name \_\_\_\_\_ Second Name \_\_\_\_\_ Family Name \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Country \_\_\_\_\_

Citizenship (1) \_\_\_\_\_ Passport # \_\_\_\_\_

Citizenship (2) \_\_\_\_\_ Passport # \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Applicant's Paternal Grandfather: First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

### MOTHER'S INFORMATION

First Name \_\_\_\_\_ Second Name \_\_\_\_\_ Family Name \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Country \_\_\_\_\_

Citizenship (1) \_\_\_\_\_ Passport # \_\_\_\_\_

Citizenship (2) \_\_\_\_\_ Passport # \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Applicant's Maternal Grandfather: First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_



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## **FAMILY HISTORY**

What is your family's history in relation to Palestine? Please *briefly* describe your family's past in Palestine and any events since leaving Palestine which you feel are significant. *Use full names (given name, family/father's name, grandfather's name if possible) of relatives you mention.*

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What is your religious tradition?

## **9. APPLICANT'S SPORTS, HOBBIES AND PERSONAL INTERESTS**

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**10. Will this be your first visit to Palestine? If not, please describe your previous visits and your familiarity with Palestine. Please include the dates of any previous visits.**

**11. Making 'Know Thy Heritage' into a successful program now and in the future**

How should we expect 'Know Thy Heritage' interns to give back to the program after their return from Palestine in order to sustain and strengthen the program?

**12. A. How did you hear about the Know Thy Heritage Internship Placement Program? If you heard from a personal friend or relative, please provide his or her name.**

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**B. How did you hear about the Holy Land Christian Ecumenical Foundation?**



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**13. Do you have relatives living in Palestine?    Yes    No    If yes, what is their relation to you and where do they live?**

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**14. (If applicable) Do you wish to reside with your relatives in Palestine during your internship? *If so, please provide their full contact information to.***

**Yes.**

**No.**

**Name(s):**

**Relation to you:**

**Street Address:**

**City:**

**Phone number:**

**E-mail address:**

**15. APPLICANT'S HEALTH AND SAFETY CONSIDERATIONS : Please list any and all health concerns, including but not limited to injuries suffered in the past and any allergies.**

**Additional Comments:**



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**PAYMENT INFORMATION & APPLICANT SIGNATURE PAGE**

**Payment method:** Please place an "X" in the box next to one of the following payment methods. *Make checks payable to HCEF.*

Check Enclosed      Visa      American Express      MasterCard      Discover

Name on Credit Card \_\_\_\_\_

Card Number: \_\_\_\_\_

EXP Date      /      CVV

Item	Cost per Item	
	\$	00
Applicant screening for KTH Internship Placement <i>(Upon successful placement, an additional "placement fee" of \$50.00 USD will be required)</i>	\$50	00
Additional Contribution to "Know Thy Heritage"		
<b>Total payment:</b>		

Applicants may be contacted by HCEF for more information or interviews. They will be notified if they are approved for a specific internship position through the KTH Internship Placement Program. Upon applicant placement, an additional *placement fee* of \$50 USD, additional forms, guidelines and contract must be submitted by the applicant to secure the internship position. HCEF staff will do their best to match your application to the ideal position, from a variety of intern requests submitted by participating institutions. HCEF cannot guarantee an internship position.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(HAND-WRITTEN SIGNATURE)

Card-holder's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
*(If other than applicant)*

**THANK YOU FOR YOUR SUPPORT!**

\*\*\*\*\* **HCEF office use only below this line.** \*\*\*\*\*

Comments: \_\_\_\_\_  
\_\_\_\_\_

Application:    Approved for Placement \_\_\_\_\_    Not Approved for Placement \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
HCEF Official



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