**Internship Application**

Date:

**Personal Information:**

School Counselor:

Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_

Name: Last First M.I.

Date of Birth: Age:

Address: City: State: Zip:

Home Phone No.: Student Cell Phone:

Parent E-mail: Student E-mail:

With whom do you live?

**Parent(s)/Guardian(s)**

Father/Male Guardian:

Mother/Female Guardian:

**Internship Information:**

Employer: Work/Cell Phone: Employer: Work/Cell Phone:

In what school activities do you plan to participate next year? What are your career goals? List specific occupation(s) in which you would like to receive experience:

Do you have a prospective internship site?

Company: Supervisor: Job Title: Phone #:

**Related Experiences relevant to the internship: (include work, volunteer, and school experiences).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please sign below to signify the student’s request and the parent’s/guardian’s approval to apply for the Work- Based Learning program.

*Student Signature Date Parent/Guardian Signature Date*

To what teachers would you like a recommendation form given? 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2017 Edition

Essays. Respond in **essay format** to the following. Use another sheet if necessary.

1. Explain how an internship would enhance your career goal.

2) What strengths will you bring to your internship site?