**(YOUR COMPANY LOGO HERE)**

**Company Address**

**Externship Contact Person in your company**

**Phone**

**E-Mail**

**EXTERNSHIP APPLICATION**

Name:

Address:

City: State: Zip Code:

Cell Phone: 2nd Phone:

E-mail:

Name of School:

Name of Course(s) taught:

Grades taught:

**Availability Dates for One-Week Summer Externship:**

1. **2. 3.**

Does your school offer a formal externship program?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

If Yes, please fill in the following:

Contact person name:

Phone:

E-mail:

Are there specific skills/technologies or areas of manufacturing you are interested in learning about for use in curriculum development?

***E-mail your application to the contact person listed at the top of the page. Call with questions or to get more information.***