**(YOUR COMPANY LOGO HERE)**

**Company Address**

**Contact Person in your Company**

**Phone**

**E-Mail**

**INTERNSHIP APPLICATION**

Student Name:

Address:

City: State: Zip Code:

Cell Phone: 2nd Phone:

E-mail:

School:

**Does your school offer a formal internship program with credit hours?**

Yes \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If Yes, please fill in the following:

Contact person name: Title:

Phone:

E-mail:

**Are you applying for an internship independent of any school-sponsored program?**

Yes \_\_\_\_\_ NO \_\_\_\_\_\_\_

**What type of internship are you seeking?**

Paid \_\_\_\_\_\_ Non-Paid \_\_\_\_\_\_ Either \_\_\_\_\_\_\_

**Availability** (Dates/duration, such as summer only or spring semester, etc.)

Days of week available:

Number of weekly hours available:

**TELL US ABOUT YOU!** (Use additional sheet as needed.)

What are your applicable skills/coursework?

What are you hoping to learn? Are there specific skills you are interested in developing?

Submit one teacher, administrator or previous employer letter of recommendation with your application.

***E-mail your application to the contact person listed at the top of the page or call for more information.***