

2014 Summer Internship Application

Name _____

Address

Home Phone

Cell Phone

E-Mail
Address

Birth date

Age _____

What company are you interested in applying with for the summer internship placement?

What are your future educational and/or career goals?

Explain why you would like to be in the Summer Internship Program:

Current GPA: _____

Have you been enrolled in ALC or suspended?
If so, when and for what offense?

Are you currently working?

If so, where?

Do you have a Driver's License?

What kind of transportation will you have to and from your summer internship site?

List two teacher references:

- 1.
- 2.

Who is your School Counselor?

Please read and sign below:

I understand that students must have acceptable teacher recommendations, go through an interview process with the business that is providing the internship, and provide his/her own transportation to the worksite.

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Turn in this application, along with a resume and cover letter by **May 30** to:
Rebecca Collins
WCS Career Counselor

Turn in this application, along with a resume and cover letter by **May 30** to:

Rebecca Collins
WCS Career Counselor
rebeccac@wcs.edu
(615) 587-2858