

**WABC-TV STUDENT '09 INTERNSHIP APPLICATION**

Date Available to Start: \_\_\_\_\_

Days/Hours Available: \_\_\_\_\_

Credits to be awarded: \_\_\_\_\_

**INTERNSHIP DEPARTMENT CHOICE:** (List in order of preference)

1. \_\_\_\_\_

2. \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

**ACADEMIC INFORMATION:**

College/University: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major: \_\_\_\_\_

GPA: \_\_\_\_\_

Year in School: Jr. \_\_\_\_ Sr. \_\_\_\_

Graduation Date: \_\_\_\_\_

List internship-related courses completed to date: (i.e. Broadcasting, Journalism, Media-studies, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List media experience (i.e. campus radio, television, or Newspaper, summer employment, etc.):

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**COLLEGE/UNIVERSITY INTERNSHIP COORDINATOR:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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How did you hear about WABC-TV's Internship Program? (Circle those that apply.)

Professor/Advisor      Friend      Former Intern      WABC-TV Employee

Family member      Flyer posted around school      Career/Co-op Dept.

Other \_\_\_\_\_

**OBJECTIVE:**

Write a one-paragraph rationale of why you would like to intern at WABC-TV, what you expect to learn, and career goals that might relate to your internship experience at WABC-TV.

(You may use the back of this page if necessary.)