

HIGH SCHOOL INTERNSHIP APPLICATION

Student name: _____ ID # _____ Home ph: _____ Cell # _____

Email address: _____ Age: _____ Graduation Yr: _____

In what area of interest do wish to do an internship? _____

(PLEASE NOTE: internships in the area of medicine are very difficult to secure due to patient confidentiality) _____

What classes are you taking presently or have completed that relate to this area of interest? _____

What do you hope to gain from your internship experience? _____

Do you have any concerns about committing to an internship? _____

Are you presently or have you in the past been enrolled in any Advanced College Credit classes?

Please explain your transportation arrangements (be specific i.e. parents, own car, transit bus, relatives):

Student Signature

Date

Parent Signature

Date

(Please see other side, parent signature required)

Office use only:
