

**SENIOR EXPERIENCE
2010-2011
INTERNSHIP PROGRAM APPLICATION**

Received _____

(Please type or print all answers neatly in ink.)

DATE _____

NAME _____ SENIOR PROGRAM _____

ADDRESS _____

_____ NY _____ (ZIP)

PHONE NUMBER _____

E-Mail Address _____

COMMONS TEACHER _____ COUNSELOR _____

INTERNSHIP DAYS Available 9/08 DO YOU HAVE TRANSPORTATION FOR TRAVEL TO AND FROM INTERNSHIP? _____

INTERNSHIP FIELD _____

DO YOU HAVE A JOB? _____ IF SO, WHAT DAYS _____ TIME? _____

DO YOU PARTICIPATE IN SPORTS, CLUBS, ETC? _____

PLEASE LIST _____

DO YOU HAVE A FRIEND OR RELATIVE IN YOUR CHOSEN FIELD WHO MAY HELP IN PLACEMENT? _____

GIVE SPECIFIC INFORMATION (NAMES, PHONE NUMBER, ETC.)

Over ->

**SENIOR EXPERIENCE
INTERNSHIP PROGRAM APPLICATION (continued)**

Courses you have taken that may be helpful with this internship:

List hobbies, interests, etc.

Describe past interest in subject and why you want to do an internship in this area.
