



INTERN APPLICATION FORM

NAME: _____

COLLEGE: _____

HOME ADDRESS: _____

COLLEGE ADDRESS: _____

COLLEGE PHONE: _____

HOME PHONE: _____

ADVISOR: _____

ADVISOR'S PHONE: _____

HOURS REQUIRED BY COLLEGE: _____

COLLEGE MAJOR: _____

POSITION APPLYING FOR _____

SPECIFY YEAR: JUNIOR SENIOR
(CIRCLE ONE)

COURSE WORK & EXPERIENCE ASSOCIATED
WITH REQUIRED DEPARTMENT

OVERALL GPA: _____ MAJOR GPA: _____

SEMESTER WILL BEGIN WEEK OF: _____

ENDS WEEK OF: _____

SIGNATURE: _____

GIVE A BRIEF STATEMENT OF YOUR ULTIMATE
CAREER OBJECTIVE:

STUDENTS WILL RECEIVE COLLEGE CREDIT FOR INTERNSHIP

ADVISOR'S SIGNATURE _____

Return this form along with special requirements
pertaining to the department you applied for, official
school transcript, and general resume to:

**CHRIS LUNDBERG
ASST. NEWS DIRECTOR
WFMZ-TV
300 EAST ROCK ROAD
ALLENTOWN, PA 18103**

STATION USE ONLY

INTERVIEWED BY _____ DATE _____

ACCEPTED _____ YES _____ NO _____ REPORT DATE _____

DEPARTMENT HEAD SIGNATURE _____