INTERN APPLICATION FORM

NAME: ____________________________ COLLEGE: ____________________________

HOME ADDRESS: ___________________ COLLEGE ADDRESS: ____________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

COLLEGE PHONE: ___________________ ADVISOR: ____________________________

HOME PHONE: ______________________ ADVISOR’S PHONE: ____________________

__________________________________________________________________________

HOURS REQUIRED BY COLLEGE: __________

POSITION APPLYING FOR _______________

COLLEGE MAJOR: ______________________

SPECIFY YEAR: JUNIOR SENIOR

(CIRCLE ONE)

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:

MATT ROTH
ASST. NEWS DIRECTOR
WFMZ-TV
225 COURT STREET
READING, PA 19601

STATION USE ONLY

INTERVIEWED BY ____________________________ DATE __________

ACCEPTED ______ YES _____ NO _____ REPORT DATE ______

DEPARTMENT HEAD SIGNATURE ________________________________