INTERNSHIP APPLICATION

Name: _____

Home Address:

_____

_____

_____

Phone Number:

_____

Internship Hours Required by your College:

_____

Position Applying for (please circle one):

- **PBS39 Paid Content Intern**
- **PBS39 Paid Production Intern**
- **PBS39 Production Intern**
- **PBS39 Marketing Intern**
- **PBS39 Special Events Intern**
- **PBS39 Evaluation Intern**

Course work and experience associated with required department (please attach document if not enough space)

_____

_____

_____

_____

Provide a brief summary of your career objectives post-college (please attach document if not enough space)

_____

_____

_____

College Address:

_____

_____

_____

College Phone Number: _____

Advisor's Name: _____

Advisor's Phone Number: _____

Your College Major: _____

Specify what year you are in school (please circle):

FRESHMAN SOPHOMORE JUNIOR SENIOR

Overall GPA: _____

Major CPA: _____

Semester will begin week of: _____

Semester will end week of:_____

Your Signature: _____

Students can receive college credit for this internship, please check with your advisor

Your Advisor's Signature: _____

Send your completed internship application, along with your resume and any writing samples that may be required to: intern@wlvt.org

Incomplete application submissions will not be considered. Please, no phone calls.

STATION USE ONLY

INTERVIEWED BY _____ DATE_____

ACCEPTED: YES NO REPORT DATE _____