



**DIGITAL MEDIA/BROADCAST JOURNALISM INTERNSHIP APPLICATION**

**\*PLEASE NOTE – YOU MUST SAVE THE .PDF TO YOUR COMPUTER PRIOR TO COMPLETING TEXT FIELDS**

**PLEASE PRINT**

Name (Last)	(First)	(M.I.)	EMAIL ADDRESS	BIRTH DATE
ADDRESS	CITY		ZIP	PHONE NUMBER
SCHOOL	GRADUATION YEAR			
IN CASE OF EMERGENCY NOTIFY		RELATIONSHIP	DAY PHONE	

**VIDEO PRODUCTION/BROADCAST JOURNALISM EXPERIENCE**

COURSE NAME:	COURSE NAME:
TEACHER:	TEACHER:
FINAL GRADE:	FINAL GRADE:
COURSE NAME:	COURSE NAME:
TEACHER:	TEACHER:
FINAL GRADE:	FINAL GRADE:

OTHER RELATED COURSEWORK:

STUDENT GOVERNMENT/LEADERSHIP, ORGANIZATIONS (SCHOOL CLUBS, ETC.), ATHLETICS/ACTIVITIES

AWARDS, HONORS, AND OTHER ACHIEVEMENTS

RELATED EMPLOYMENT/VOLUNTEER EXPERIENCE

CAREER PLANS AND LIFELONG AMBITION(S)

WHY ARE YOU INTERESTED IN THE DIGITAL MEDIA/BROADCAST JOURNALISM INTERNSHIP?

PLEASE ATTACH THE FOLLOWING DOCUMENTS:  
CURRENT RESUME & COVER LETTER | TEACHER RECOMMENDATION |