

INTERNSHIP APPLICATION



WSLS-TV Roanoke
821 5th Street, NE
Roanoke, VA 24016

ATTN: INTERNSHIP PROGRAM/HUMAN RESOURCES

=====

Student Name (Choose Area of Interest) If other, please specify

Home Address Course of Study/Major

City State Zip Name of College

Home/Cell Phone Number City State Zip

Email

Projected Graduation Date Instructor/Counselor Name

Days/Hours Available for Internship Instructor's Phone Number

Term Applied for (Semester/Quarter) Term Applied for (Beginning & Ending Dates)

**THE FOLLOWING MUST BE COMPLETED BY YOUR INSTRUCTOR/COUNSELOR.
ATTACH A RESUME WITH THIS APPLICATION AND A PARAGRAPH STATING WHY YOU FEEL AN
INTERNSHIP AT OUR STATION WOULD BENEFIT YOUR EDUCATION AND CAREER GOALS.**

The above named student will receive _____ credits for the internship.

Instructor/Counselor _____ Date Signed _____

=====

TO BE COMPLETED BY A STATION REPRESENTATIVE

_____ has been accepted for a paid internship position with STATION.

Signed by STATION Representative _____ Date Signed _____