



Academy Career Partner (ACP) Internship Application

Applicant Information

Company Name: _____

Address: _____
Street Address

City State ZIP Code

Business Phone: () _____

Internship Supervisor Name: _____ Email: _____

Business Information

This information is being requested to assist the Internship Coordinator with placing qualified student interns with your organization

Type of Company

- Engineering/Mathematics
- Medical/Science
- Design/Arts
- Business/Financial
- Manufacturing
- Other _____

Internship Opportunities:

Are you currently sponsoring interns, or have you sponsored previously?

- Yes
- No

What type of materials do you think you will need for the internship?

- Orientation Packet
- Work Permit Rules
- High School Intern 101
- Internship Workshop

How many interns can you accommodate?

- 1
- 2 - 5
- 6 - 9
- 10 - 15
- 15 - 20
- 20 or more
- Other _____

Do you have an existing relationship with anyone at The Academy or Orangewood Foundation? If yes, please tell us who. _____