



**INTERNSHIP PROGRAM APPLICATION**

This is an agreement between the student, his/her parent(s) and Samueli Academy to participate in the Internship program.

Student Name \_\_\_\_\_ Application Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Age \_\_\_\_\_ Expected Graduation \_\_\_\_\_

Parents/Guardian: Mother \_\_\_\_\_ Father \_\_\_\_\_

In what area of interest do wish to do an internship?

\_\_\_\_\_  
\_\_\_\_\_

*(PLEASE NOTE: internships in the area of medicine are very difficult to secure due to patient confidentiality)*

What classes are you taking presently or have completed that relate to this area of interest?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your internship experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about committing to an internship?

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Are you presently or have you in the past been enrolled in any Advanced College Credit classes with The Academy or a college? \_\_\_\_\_

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Please explain your transportation arrangements (be specific i.e. parents, own car, transit bus, relatives):

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Work Experience/Skills

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Student's Interests and Career Goals

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Preferred Employer (if one)

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Student:

I understand

- that successful completion of the Internship is required for graduation
- that successful completion and acceptable reporting of the Reflection Paper and Internship Fair are required for graduation.
- that I have specific steps to complete before I am able to accept an internship, ie; resume, cover letter and portfolio as well as interviews for companies.
- that I may be removed from the Internship if I do not follow the guidelines.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent:

I understand and acknowledge my student will a part of this Internship Program, which is a graduation requirement. I also understand my student will be responsible for completing all work that assigned for their internship. Before my student is offered an internship position, I will be able to oversee and ask any questions before they are placed at a company.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only:

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