



## INTERNSHIP APPLICATION

Name	Email
Current address	Current Telephone No. (   )
City, State, Zip Code	Cell Phone (   )

Permanent Address	Permanent Telephone No. (   )
City, State, Zip Code	

YEAR \_\_\_\_\_

### INTERNSHIP OPPORTUNITIES

- Spring (Jan-Apr)  
 Summer (May-Aug)  
 Fall (Sept-Dec)

- Promotions  
 Production

College/University	Grade Point Average
Years in College	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student

Name of Internship Counselor	Counselor Fax
Counselor Telephone No. (   )	Counselor Email

Long Term Career Interests:

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Number of Credit Hours	Number of Working Hours Needed
Approximate Start Date	Approximate End Date

**TIME COMMITMENT:**

*Fall & Spring : 15-20 hours per week for a minimum of 15 weeks*

*Summer : 20+ hours per week for a minimum of 16 weeks.*

Please indicate below the days and number of hours per week you will be available:

DAY	START TIME	END TIME	TOTAL HOURS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
			<b>Total Hours</b>

**ACKNOWLEDGEMENT**

I certify that the information contained in this Internship Application is correct to the best of my knowledge. I also understand that, if accepted as an intern the internship is unpaid and that I must provide appropriate paperwork reflecting the amount of school credit earned for this internship and I must list my school counselor. I also understand that I am subject to the rules and regulations of Weigel Broadcasting Co. I further understand that Weigel Broadcasting Co. has the right to end this internship at its discretion.

Applicant Signature	Date
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**Please return all completed Intern Applications to:**

WBND/WCWW/WMYS

Internship Program

3665 Park Place West

Suite 200

Mishawaka, IN 46545