

# INTERNSHIP APPLICATION



WLSL-TV Roanoke  
401 Third Street, SW  
Roanoke, VA 24001

**ATTN: INTERNSHIP PROGRAM/HUMAN RESOURCES**

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

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**TO BE COMPLETED BY A STATION REPRESENTATIVE**

\_\_\_\_\_ has been accepted for a paid internship position with STATION.

Signed by STATION Representative \_\_\_\_\_ Date Signed \_\_\_\_\_