**HIGH SCHOOL INTERNSHIP APPLICATION**

Student name: ID # Home ph: Cell #

Email address: Age: Graduation Yr:

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?

Are you presently or have you in the past been enrolled in any Advanced College Credit classes?

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

Student Signature Date Parent Signature Date

**(Please see other side, parent signature required)**

***Office use only:***