



WILSON HIGH SCHOOL



HONORS INTERNSHIP APPLICATION FOR ADMISSION

Student's Name _____ Home Phone Number _____

Student's Cell Number _____ Birthdate _____ (Please include year.)

Address _____

City, State Zip _____

Student E-Mail (School E-Mail) _____

Graduation Year _____ Driver License # _____ or license test date _____
(You must have your license by the first day of starting your internship.)

Length of internship you are interested in: 1 Qtr (1/4 credit) 1 Semester (1/2 Credit) Full Year (1 credit)

Are you interested in more than one internship during the year? _____ Yes _____ No

Hours you would like to intern? (check all that apply) Before school During the school day
 After school Weekends

What is your career objective? _____

Do you have an internship site? Yes _____ No _____ If so, where? _____

_____ (company name, contact person, phone #)

Parent/Guardian Name #1 _____ Occupation _____

Company Name _____

Phone: Home _____ Work _____ Cell _____

E-Mail (Home or Work) _____

May I contact you at work? _____ Yes _____ No

Parent/Guardian Name #2 _____ Occupation _____

Company Name _____

Phone: Home _____ Work _____ Cell _____

E-Mail (Home or Work) _____

May I contact you at work? _____ Yes _____ No

Parent Signature: _____ Date _____