



INTERNSHIP APPLICATION

Thank you for your interest in an internship with this station. The Internship Program is a training program designed and approved by the Arkansas Broadcasters Association. Please complete this application and return it.

Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

Education	Name of School	Circle last year completed				Major subjects
High School	_____	9	10	11	12	
College	_____	1	2	3	4	

Future plans:

What about Broadcasting interests you? _____

Why are you applying for an internship? _____

Why are you a good candidate for the program? _____

Comments:

Is there anything you would like to tell us about yourself? _____

Signature _____

Date _____