



FOX 29 PHILADELPHIA INTERNSHIP APPLICATION

Please submit along with a resume and cover letter

NAME: _____

CURRENT ADDRESS: _____

PHONE #: _____

CITY: _____
STATE: _____
ZIP: _____

COLLEGE: _____ MAJOR: _____

GRADUATION DATE: _____

INDICATE THE DEPARTMENTS DESIRED:

AVAILABILITY:

- 1) _____
- 2) _____
- 3) _____

MONDAY: _____
TUESDAY: _____
WEDNESDAY: _____
THURSDAY: _____
FRIDAY: _____
SATURDAY: _____
SUNDAY: _____
AMOUNT OF HOURS AVAILABLE
PER WEEK: _____

PLEASE CIRCLE SEMESTER
APPLYING FOR:

SPRING

SUMMER

FALL

YEAR _____

FACULTY ADVISOR: Please verify that the above named student will receive credit for participation in FOX Philadelphia's internship program.

NUMBER OF CREDITS: _____

Special Requirements (i.e.: faculty visits, student reports, supervisor evaluation):

FACULTY ADVISOR

Name: _____
Address: _____
Phone: _____

SIGNED _____
applicant

_____ *advisor*