



5001 Wynnefield Ave/Philadelphia, PA 19131

**INTERNSHIP APPLICATION**

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS (HOME): \_\_\_\_\_ ADDRESS (COLLEGE): \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (COLLEGE) \_\_\_\_\_

**EDUCATIONAL & EMPLOYMENT BACKGROUND**

Please attach a copy of the following:

1. One copy of your resume- It should include (but not limited to):
  - Educational background (institutions attended, majors, dates attended)
  - Work experience (employer, dates worked, duties and responsibilities, supervisors)
  - Computer experience (knowledge of different software packages)
  - Special skills or attributes that might be useful for particular internship you are applying for
  - Related clubs & organizations, certifications, extra curricular activities, other internships
2. Cover letter which must include
  - Personal introduction
  - Department you would like to intern for
  - Your school beginning and end dates for the semester during which you wish to intern
  - Days and times available during internship period

NAME OF SCHOOL: \_\_\_\_\_

MAJOR: \_\_\_\_\_

OVERALL GPA \_\_\_\_\_ MAJOR GPA: \_\_\_\_\_

INTERNSHIP COUNSELOR/ADVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE LIST COURSES & EXPERIENCE THAT ARE RELEVANT TO THE POSITION APPLIED FOR :**

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**INTERNSHIP INFORMATION**

TERM APPLIED FOR: \_\_\_\_\_ Semester/Quarter \_\_\_\_\_ Semester/Quarter beginning and ending dates \_\_\_\_\_

DEPARTMENT APPLING FOR? \_\_\_\_\_



5001 Wynnefield Ave/Philadelphia, PA 19131

With a "X" indicate days and times that you are available to work at myphi17

	MON	TUES	WED	THUR	FRI
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					

**THE FOLLOWING MUST BE COMPLETED BY YOUR INTERNSHIP COUNSELOR:**

The above named student will receive \_\_\_\_\_ credits for this internship.

Internship Counselor: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please return this application along with resume and cover letter to:

**Shalona Douglas  
Human Resources  
WPHL-TV  
5001 Wynnefield Ave.  
Philadelphia, PA 19131  
(215) 877-4912- Fax**

**STATION USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPTED: YES \_\_\_\_\_ NO \_\_\_\_\_ REPORT DATE: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_