

INTERNSHIP APPLICATION



WITI FOX TELEVISION STATIONS, INC. 9001 North Green Bay Road, Milwaukee, Wisconsin 53209

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

INDICATE THE SEMESTER YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP:

_____ WINTER _____ SPRING _____ SUMMER _____ FALL YEAR _____

UNIVERSITY/ COLLEGE CLASSIFICATION

_____ FRESHMAN _____ SOPHOMORE _____ JUNIOR _____ SENIOR _____ GRAD

COLLEGE / UNIVERSITY NAME: _____

ADDRESS: _____

MAJOR: _____ MINOR: _____

PROFESSOR'S NAME / INTERNSHIP CONTACT: _____

EMAIL: _____ PHONE: _____

COURSE NAME: _____

HOW MANY CREDIT(S) WILL YOU RECEIVE FOR THE INTERNSHIP? _____

HOW MANY INTERNSHIP HOURS ARE REQUIRED TO RECEIVE THE CREDIT? _____

DEPARTMENT(S) OF INTEREST:

_____ NEWS _____ DIGITAL _____ CREATIVE SERVICES

_____ HUMAN RESOURCES _____ SPORTS _____ OTHER _____ WEATHER

WHAT DO YOU EXPECT TO GAIN FROM THE INTERNSHIP? _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

PHONE: _____

SIGN BELOW TO ACKNOWLEDGE REVIEW OF THE INTERNSHIP DESCRIPTION:

SIGNATURE: _____ DATE: _____

NAME (PRINTED): _____

ALL QUALIFIED APPLICANTS (STUDENTS) WILL BE GIVEN EQUAL CONSIDERATION REGARDLESS OF RACE, COLOR, AGE, GENDER, SEXUAL ORIENTATION, RELIGION, DISABILITY, ETHNIC BACKGROUND OR ANY OTHER PROTECTED CLASS.