

Oshkosh Media Internship Application

(PLEASE PRINT)

Name: _____

Address: _____

City/State: _____ **Zip:** _____

Phone: (_____) _____ - _____

Email: _____

Your School: _____

Year in school: _____

Internship Coordinator: _____

Previous Employer/Reference Person:

Company: _____

Reference Person's Name: _____

Address: _____

City/State: _____ **Zip:** _____

Phone: (_____) _____ - _____

- For which semester are you applying for your internship?

Circle one: **SPRING** **SUMMER** **FALL**

- How many credits would you prefer to receive for your internship? _____

- Do you meet the criteria your school has set up for internship/advanced study? _____

- When are you available for an internship? (attach a schedule if possible) _____

- Do you have a valid Driver's License? _____

- Why would you like to intern for Oshkosh Media?

I assure that the above information is correct and complete to the best of my knowledge.

Signature: _____ **Date:** _____