

First Name	Last Name	Last Name		I.D. Number	
Address		City	State		
Student Cell Phone	St	udent Email			
I wish	to participate in the Intern	ship Program: (C	Check all that Apply)		
Fall Semester	Spring Semester	Summer	(2 Semesters)*^	ProStart Internsl	
	Spring Micro Internship^ (Spring Break)	Summer T	DP Micro Internship*^ (July)	*=Summer School Fees Ap ^=must have transportation	
Please ra	Caree nk your top three choices (r Clusters [1=1 st choice, 2=2	2 nd choice, 3=3 rd choice	e)	
riculture, Food & Natural Resources	Construction	rs, A/V	Technology nmunications	siness Management & Administration	
ducation & Training	inance	- Governme Admin	nt & Public istration	ealth Science	
Spitality & Tourism	man Services	n formation Techno	n logy — 9	aw, Public Safety, Corrections & Security	
nufacturing	arketing, Sales & Service	Science, Tec Enginee	hnology, ring & Mathematics	ransportation, Distribution & Logistics	
	Ed	ucation			
High School	ool School Counselor				
List any Career Related Courses and Years completed	d Course A	Accomplishments: I	Projects Completed/Skills	s Learned	
		teer Experience			
List any Work Experience and Years completed		Description of Responsibilities/Projects/Skills Learned			
	Extra-Curri	cular Activities			
st any Activities and Years completed	Descr	iption of Responsib	pilities/Projects/Skills Lea	rned	