



Internship Application

Please mail or fax this form along with your resume to:
PHL17 / 5001 Wynnefield Avenue / Philadelphia, PA 19131
or submit via fax to: (215) 878-7064

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, extracurricular 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 _____

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



TERM APPLIED FOR:

Semester/Quarter _____

Semester/Quarter beginning & ending dates _____

DEPARTMENT APPLING FOR? _____

WITH AN "X" PLEASE INDICATE DAYS AND TIMES THAT YOU ARE AVAILABLE TO WORK AT PHL17.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 AM					
10:00AM					
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 your resume and cover letter to:

**HUMAN RESOURCES
PPHL17 WPHL-TV
5001 WYNNEFIELD AVE
PHILADELPHIA, PA 19131**

(FAX) 215-877-4912

STATION USE ONLY	
INTERVIEWED BY _____	DATE _____
ACCEPTED? YES _____ NO _____	REPORT DATE _____
DEPARTMENT HEAD SIGNATURE _____	