



**Arkansas  
Broadcasters  
Association**

## INTERNSHIP APPLICATION

Thank you for your interest in an internship with this station. The Internship Program is a training program designed and approved by the Arkansas Broadcasters Association. Please complete this application and return it.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education \_\_\_\_\_ Name of School \_\_\_\_\_ Circle last year completed \_\_\_\_\_ Major subjects \_\_\_\_\_

High School \_\_\_\_\_ 9 10 11 12

College \_\_\_\_\_ 1 2 3 4

**Future plans:**

What about Broadcasting interests you? \_\_\_\_\_

\_\_\_\_\_

Why are you applying for an internship? \_\_\_\_\_

\_\_\_\_\_

Why are you a good candidate for the program? \_\_\_\_\_

\_\_\_\_\_

**Comments:**

Is there anything you would like to tell us about yourself? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_