

INTERNSHIP PROPOSAL

Please fill form out and submit/ email/ or deliver completed proposal to Mrs. Cone.

Learner's Name: _____ Date: _____

Proposal for Internship in the ____ Summer ____ Fall ____ Spring

PROGRAM INFORMATION

Name of Proposed Company/Program: _____

Address: _____

City _____ ZIP _____

Phone: _____ Email: _____

Do you have to apply to get into this program? ____ Yes ____ No

If yes, have you already applied? ____ Yes ____ No Application Deadline: _____

SUPERVISOR INFORMATION

Internship Supervisor's Name: _____

Supervisor's Job Title/ Description: _____

Are you related to this person in any way? ____ No ____ Yes

If yes, please explain relationship _____

Agreed upon dates and hours: _____

INTERNSHIP DESCRIPTION

Relationship to desired career interest:

Description of the work intern will perform:

Skills or experience you hope to gain from this internship:

APPROVAL SIGNATURES

“I understand the purpose and standards for the Academy High School Internship Program as outlined in the Internship Handbook including hours and description of the proposed work for the learner named above and agree to help the learner fulfill these goals.”

Internship Supervisor’s Signature: _____ Date: _____

“I understand the Academy High School Internship Program, including the hours and description of the proposed work for my child, named above. I agree to help my child fulfill these goals and my signature gives my consent and approval for his/her participation.”

Legal Guardian’s Signature: _____ Date: _____

APPROVAL INFORMATION

This application has been _____ Approved _____ Not Approved

If not approved, the reason is:

Facilitator Signature: _____ Date: _____