

## INTERNSHIP APPLICATION

**SEMESTER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Additional Telephone Numbers:** \_\_\_\_\_  
(Work) (Parents)

**Email Address:** \_\_\_\_\_

### ACADEMIC BACKGROUND:

**College:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**G.P.A.**

**Minor:** \_\_\_\_\_

Select one (appropriate at time of internship): Sophomore Junior Senior

**Total Units This Semester:** \_\_\_\_\_ **Average Units Per Semester:** \_\_\_\_\_

**College Previously Attended:** \_\_\_\_\_

**What are your future academic plans?** \_\_\_\_\_

**What are your future career goals?** \_\_\_\_\_

Please list, by class title, all courses taken that you feel prepare you for a career in the broadcast and communications industry:

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Have you been pre-screened by your academic advisor to receive credit for an internship here at KCRA? (Students must be enrolled and receiving college academic credit for all internships at KCRA-TV.)

YES: ☐

NO: ☐

**Advisor's Name:** \_\_\_\_\_

Please indicate position choices in order of preference on reverse side of this application.

Send completed application, resume and cover letter to: **KCRA-TV Internship Director**  
3 Television Circle  
Sacramento, CA 95814

