

#### WISN-TV12 INTERNSHIP APPLICATION

WISN-TV recognizes that a good internship program can add practical experience to the education a student gains in college. Therefore, the Station has established an Internship Program in which students may work one semester and earn academic credit. There are a variety of internship opportunities available year-round to currently enrolled college juniors and seniors. Interns will be closely supervised and critiqued to maximize the learning experience. Understand that this internship is UNPAID, and you are responsible for all personal travel and expenses. Please visit our website: <a href="https://www.www.misn.com/internships">www/wisn.com/internships</a> for more information.

Intern Coordinator: Amy Gaeth amy.gaeth@hearst.com 414-935-3402

PERSONAL INFORMATION (Please type):

Name: \_\_\_\_\_\_\_

College/University: \_\_\_\_\_\_

Circle One: Graduate Student Senior Junior Sophomore (Summer upcoming Jr)

Major: \_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_

Overall GPA: \_\_\_\_\_\_

Home Address: \_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_

Email: \_\_\_\_\_\_

#### PLEASE MAIL/E-MAIL COMPLETED APPLICATIONS TO:

Amy Gaeth – amy.gaeth@hearst.com Intern Coordinator WISN-TV12 759 N. 19<sup>th</sup> Street Milwaukee, WI 53233

### **WISN-TV12 INTERNSHIP AREAS**

Internship opportunities are available in news, sports, and weather. We also offer a General Station Internship. Students are exposed to the following areas: News, Creative Services, Sales/Marketing, Programming/Public Affairs and Technical Operations. Hours may vary depending on the assignment and student schedule.

Descriptions are located at: <a href="http://www.wisn.com/internships">http://www.wisn.com/internships</a> Please select your top 2 choices:

	News							
Sports								
Weather								
	Hybrid Station Intern							
Semester In	terns	hip Desired:						
Fall			Spring		Summer			
Days and ho	ours a		ork: (Please ch	I		1	1	
Monda	ay	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Hours	s:	Hours:	Hours:	Но	urs:	Hours:	Hours:	Hours:
-			nternship progr					
If yes, please	e, plea	ase include t	heir name and <u>y</u>	your r	elations	ship to this	person	
nternship St	art D	ate:			Interns	ship End Da	nte:	
Academic Adv	⁄isor:				Teleph	ione:		

### **EDUCATIONAL BACKGROUND**

List all related courses completed to date, and letter grades from each: COURSE GRADE COURSE **GRADE EXTRACURRICULAR ACTIVITIES** (Include any offices held, and awards or scholarships) 1. 2. 3. 4. 5. APPLICANT'S PROFILE Briefly state your main objectives for participating in a WISN-TV internship. (Please be specific.) What are your strongest areas of interest?

### **EMPLOYMENT RECORD**

Starting with the most recent position held, work backwards including full and part-time positions. Also, list any other internships that you may have done.
\*\* THIS SECTION MAY BE REPLACED BY A RESUME IF AVAILABLE.

	Employer's Name and Address	Position Title and Duties	Dates of Employment
1.			
2.			
3.			
4.			
Addition	nal training or skills		
	Applicant's Signature	D	Pate

## **WISN-TV12 INTERN ELIGIBILITY CHECKLIST**

In accordance with Hearst, Inc. policy, eligible interns MUST be able to check off ALL the following:

	Student status (selectone):			
	Sophomore (can apply for summer internship ON	NLY)		
	Junior			
	Senior (cannot graduate BEFORE internship)			
	Graduate student (cannot graduate BEFORE inte	rnship)		
_	Academic Credit			
	ONLY can receive DURINGinternship			
	Academic Advisor/Dean must sign and allot num	nber of credits		
	provided (no minimum or maximum requirement	nt)		
	Academic Advisor/Dean must provide a letter co	onfirming		
	academic credit on document containing school	letter head		
	Official WISN Verification form follows this page			
Candi	date Signature	Date		

# WISN-TV12 INTERNSHIP PROGRAM VERIFICATION OF ACADEMIC CREDIT

This verifies that the student listed below qualifies to participate in the WISN-TV12 Internship Program and will be eligible for course credits upon successfully completing the internship:

STUDENT'S NAME:
COLLEGE/UNIVERSITY:
SCHOOLSTATUS:SENIORJUNIORSOPHOMORERISING JUNIOR
NUMBER OF COURSE CREDITS GRANTED:
STUDENT ADVISOR:
Mailing Address:
E-Mail Address:
Phone Number:
Advisor's Name (Please Print):
Advisor's Signature:
Date

THIS FORM MUST BE COMPLETED PRIOR TO THE START OF INTERNSHIP. IT IS NOT REQUIRED AT THE TIME YOU SUBMIT YOUR APPLICATION.