WISN-TV 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 in order 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: www/wisn.com/internships 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: _____

Campus Address: _____

Home Address:

_____

Phone Number: _____

Email: _____

PLEASE MAIL/E-MAIL COMPLETED APPLICATIONS TO:

Amy Gaeth
Intern Coordinator
WISN-TV
759 N. 19th Street
Milwaukee, WI 53233
amy.gaeth@hearst.com

INTERNSHIP AREAS

Internship opportunities are available in the following areas; hours may vary depending on the assignment and student schedule. Descriptions are located at: http://www.wisn.com/internships **Please select your top 3 PREFERRED departments**:

Creative Services		**NEWS:**	
Sales/Marketing		Newsroom	
Sales/Research		Sports	
Technical Operations		Weather	
General Station Intern			

Semester Internship Desired:

Fall		Spring		Summer	

Days and hours available to work: (Please check boxes for days and list hours available to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐	☐	☐	☐	☐	☐	☐
Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:

How did you hear about the internship program at WISN? _____

Have you been referred by someone affiliated with WISN? YES_____NO _____

If yes, please, please include their name and your relationship to this person _____

_____

Internship Start Date:_____ Internship End Date:_____

Academic Advisor:_____ Telephone:_____

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 on)

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.		

Additional training or skill

_____ _____

Applicant's Signature Date

WISN INTERN ELIGIBILITY CHECKLIST

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

- ✓ **Student status (select one):**

  _____ Sophomore (can apply for summer internship **ONLY**)

  _____ Junior

  _____ Senior (cannot graduate BEFORE internship)

  _____ Graduate student (cannot graduate BEFORE internship)

- ✓ **Academic Credit**

  _____ ONLY can receive **DURING** internship

  _____ Academic Advisor/Dean must sign and allot number of credits provided

  (no minimum or maximum requirement)

  _____ Academic Advisor/Dean must provide a letter confirming academic credit on

  document containing school letter head

  Official WISN Verification form follows this page

_____ _____

Candidate Signature Date

VERIFICATION OF ACADEMIC CREDIT

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

STUDENT'S NAME:_____

COLLEGE/UNIVERSITY_____

SCHOOL STATUS: _____SENIOR _____JUNIOR _____ SOPHOMORE_(RISING 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 START OF INTERNSHIP
IT IS NOT REQUIRED AT THE TIME YOU SUBMIT YOUR APPLICATION