



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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**