



INTERNSHIP INFORMATION

WMTW-TV recognizes that a good internship program can add practical experience to the education a student gains in college or graduate school. Therefore, the Station has established an Internship Program in which students may work one semester and earn academic credit. Interns will be closely supervised and critiqued in order to maximize the learning experience.

WMTW-TV INTERNSHIP APPLICATION

Please mail, fax or e-mail the completed and signed application along with any appropriate paperwork to:

WMTW-TV Internship Program

4 Ledgeview Drive

Westbrook, ME 04092

Attention: Human Resources

Phone: (207) 835-3770

Fax No. (207) 761-0212

E-mail address drideout@hearst.com

PERSONAL INFORMATION (Please type):

Name: _____

College/University: _____

Graduate Student _____ Senior _____ Junior _____ Sophomore _____

Major: _____ Graduation Date: _____ Overall GPA: _____

Campus Address: _____

Email Address _____

Home Address: _____

Cell Phone: (_____) _____

INTERNSHIP AREAS

Internship opportunities are available in the following areas, hours may vary depending on the assignment and student schedule:

Creative Services [] News/Sports [] Production [] Sales [] Technical/Engineering []

Semester Internship Desired: Fall [] Spring [] Summer []

Days available to work: Mon. [] Tues. [] Wed. [] Thurs. [] Fri. [] Sat. [] Sun. []

Since the broadcasting/news business is a 24 hour operation the Intern must be flexible in regard to hours to get the full benefit of the intern experience.

Beginning Date: _____

Ending 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 won)

- 1.
- 2.
- 3.
- 4.
- 5.

APPLICANT'S PROFILE

Briefly state your main objectives for participating in a WMTW-TV internship.

What are your strongest areas of interest?

Applicant's Signature

Date

VERIFICATION OF ACADEMIC CREDIT
Internship Credit

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

STUDENT'S NAME: _____

COLLEGE/UNIVERSITY: _____

SCHOOL STATUS: GRADUATE STUDENT____ SENIOR____ JUNIOR____ SOPHOMORE____

NUMBER OF COURSE CREDITS GRANTED: _____

STUDENT ADVISOR: _____

Mailing Address: _____

Phone Number: (____) _____

Fax Number: (____) _____ E-Mail Address: _____

Does the school's liability insurance cover this student while he/she is performing field study for WMTW-TV in exchange for academic credit? Yes [☐] No [☐]

Advisor's Signature

Date