

Pinewood School Internship Application Form

This form should be used by current junior and senior Pinewood students to apply for the Pinewood Internship Program. Please complete all fields of this form and return it to Mrs. Isaac in the office by February 24th.

Last Name: _____ First Name: _____

Address: _____ City, ST Zip: _____

E-mail Address: _____ Phone Number: _____

Age: _____ Graduation Year: _____

Most recent GPA: _____ (P) SAT (Reading): _____

(P)SAT (Writing): _____ (P)SAT (Math): _____

What career areas would you like to explore:

1. _____ 2. _____ 3. _____

What Pinewood AP or Honors classes, if any, are you enrolled in this year:

Can you drive yourself to an internship? Yes No

How far are you willing to commute? _____

When are you available? Part-time Full-time Weekends

Are you available the entire summer? Yes No

Conflicts: _____

On a separate sheet of paper, please explain why you will benefit from participating in the Internship Program and what you would contribute. Please type.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____