



**INTERNSHIP
APPLICATION**



NAME & ADDRESS:

DATE: _____

FULL NAME: _____
EMAIL ADDRESS: _____
HOME ADDRESS: _____
CITY: _____ ST: ____ ZIP: _____
HOME PHONE: _____

SCHOOL INFORMATION:

SCHOOL NAME: _____

CURRENT MAJOR: _____
Present Year of School: _____
Academic Advisor: _____
Advisor's Phone # and/or E-mail: _____

INTERNSHIP DETAILS:

Circle which semester you are applying for:

SUMMER FALL WINTER SPRING

DEPARTMENT OF INTEREST:

Please specify the Department(s) you are interested in obtaining an Internship:

You can send your Internship information to:

WBOC-TV
1729 N. Salisbury Blvd.
Salisbury, MD 21801

Email: HumanResources@wboc.com
Fax: (410) 749-2361