



**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    Email: HumanResources@wboc.com  
1729 N. Salisbury Blvd.                      Fax:    (410) 749-2361  
Salisbury, MD 21801