

NewsChannel 9 WSYR-TV

INTERNSHIP PROGRAM APPLICATION

This application should be filled out and signed, in consultation with your internship coordinator and/or faculty advisor.

You may use the online form to e-mail your application.

You may also print it out and mail the completed and signed application, along with your resume and any appropriate paperwork, to:

Brian Foster
NewsChannel 9 WSYR-TV
5409 Bridge Street
East Syracuse, New York 13057

AVAILABLE INTERNSHIPS:

Please see the internship application’s information & introduction page for internship descriptions.

Every effort will be made to place you in the internship of your choice. Please rank, according to preference, the internship areas you would like to pursue.

Bridge Street []
Sales []

News

General Internship []

Creative Services & Commercial Production []

Editing []

News and Graphic Production []

Producing []

Reporting []

Sports []

Videography []

Web Producing []

Request for: Spring [] Summer [] Fall []

Student’s name: _____

Address: _____

Phone: _____

Email: _____

Social Security #: _____

College/University: _____

Class (circle one): graduate senior junior sophomore

Graduation date: _____

Overall GPA: _____

Briefly state why you wish to undertake this internship:

Internship shifts are described below:

Bridge Street

Dayside (8:30am- 12:30pm)

Sales

Dayside (8:30am-5:30pm)

News & Sports

Morning (4am-12:30pm) Dayside (9am-6:30pm) Nightside (2:30pm-11:30pm)

Please check which days and shifts you are available to work.

Monday	___Morning	___Dayside	___Nightside
Tuesday	___Morning	___Dayside	___Nightside
Wednesday	___Morning	___Dayside	___Nightside
Thursday	___Morning	___Dayside	___Nightside
Friday	___Morning	___Dayside	___Nightside
Saturday	___Morning	___Dayside	___Nightside
Sunday	___Morning	___Dayside	___Nightside

Faculty Sponsor Information

Name of Faculty Sponsor: _____

Department: _____ Phone number: _____

What are the learning objectives for student?

What will you expect the student to submit as evidence of the internship?

How many hours per week must the student work in order to receive college credits?

This verifies that _____ will receive [] college credits for this internship. Does the school's liability insurance cover this student while he/she is performing field study for WSYR-TV in exchange for college credits? Yes [] No []

Signature of Faculty Sponsor

Date

College / University

Street Address

City

State

Zip Code

E-mail Address