**INTERNSHIP APPLICATION**

An internship is for students in 11th and 12th grade.  The internship should align with the student’s college and career goals.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | MI:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip: \_\_\_\_\_\_\_ | Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Parent /Guardian’s Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Student’s Personal email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s School email (required):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Parent email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Work Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Prefer not to say \_\_\_\_\_ Other  Ethnicity: \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ Latino or Hispanic \_\_\_\_\_ Asian  \_\_\_\_\_ American Indian or Native Alaskan \_\_\_\_\_ Native Hawaiian or Pacific Islander  \_\_\_\_\_ Multiple Ethnicities \_\_\_\_\_ Other  Career Objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please explain the reasons for wanting to participate in the Internship Program and what your plans are after graduating from high school. | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| List courses you have taken or are currently taking that are directly related to the internship and your career goals: | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Briefly describe any work, volunteer experience, or job shadowing experience you may have:    Please mark any areas you would be interested in working in:  \_\_\_\_\_ Livestock \_\_\_\_\_ Land Management  \_\_\_\_\_ Greenhouse \_\_\_\_\_ Facilities Management  **\_\_\_\_\_** Hospitality/Culinary **\_\_\_\_\_** Market Gardening & Agrotourism | | | | | |
|  | | | | | |

I want to intern:  ⬜  Fall Semester ⬜ Spring Semester

Internship to be scheduled:  ⬜ during 4th Block      ⬜ after school      ⬜ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Recommendation:

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an Internship Sponsor/Mentor lined up to intern with?  ⬜ Yes ⬜ No

|  |  |
| --- | --- |
| Internship Site – Name of Business:  Juneberry Education Foundation | |
| Internship Sponsor’s Complete Name: Danielle Rushing | |
| Internship Site Complete Address:  40120 Old Cottonville Road Norwood, NC 28128 | |
| Internship Site Telephone #:  704-474-7398 ext. 166 | |
| I hereby certify that the information on this application is true and accurate to the best of my knowledge. | | |
|  |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student Signature                                    Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Signature Date |
|  |