



918 Frontage Road East  
Myrtle Beach, SC 29577

### INTERNSHIP APPLICATION (College Students)

#### GENERAL INFORMATION

Date

Name  Department Desired

Dates Available  Start Date  End Date

College – University

Graduation Date  College Major

#### CONTACT INFORMATION

Home Address

City  State  Zip  Phone

Campus Address (if living on campus)

City  State  Zip  Phone

#### DAYS AVAILABLE

Check all times available (approximate hours)

		MON	TUE	WED	THUR	FRI	SAT	SUN
AM	9:00am-1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFT	1:00pm-5:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	5:pm-11:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### SCHOOL INFORMATION

Internship Coordinator's Name  Title

Address  Phone

City  State  Zip  Fax

#### IN CASE OF EMERGENCY

Name  Relationship

Phone  Other Phone

#### FOR STATION USE ONLY

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Accepted Yes \_\_\_\_\_ No \_\_\_\_\_ Reporting Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Department Head)