

## **Internship Application**

Full Name	991
	SS#
Home Address	
City/State/Zip	
Telephone Number ( )	Age Sex M F
E-mail	
School Information	
Name and mailing address of college or uni	iversity you are currently attending.
Overall GPA Total college	
Broadcast Related GPA T	Total college credit hours in broadcast related curriculum/coursework
Name of Advisor	
Telephone Number ( )	
Internship Information	
Number of credit hours desired	
Name and address of the station that has ag	

Please indicate start and end dates for the internship you are applying for.	
Fall	
Spring	
Summer	
Please list any other internship experiences you have had.	
Please describe what your internship goals would be.	
Your Career	
Please submit up to three typewritten pages (single spaced) that address the following subjects.	
☐ Your skills and related interests in the area of broadcasting	
☐ Why you want to pursue a career in broadcasting	
☐ The areas of broadcasting that interest you	
☐ Broadcast activities you have been involved in previously	
☐ How you think a college or university broadcast degree will advance your career goals	
Your ultimate broadcasting career goal	
How the broadcasting industry can better serve our society	
The importance of receiving a Missouri Broadcasters Association Foundation Internship	
Applicant's Signature	_ Date
Station Manager's Signature	_ Date
Applications and supporting documents must be received by the MBA no later than June 1 <sup>st</sup> for for summer internships and October 15 <sup>th</sup> for spring internships.	`all internships, March 1 <sup>st</sup>

**Mail applications to:** Missouri Broadcast Association Foundation Attention: Internship Committee

P.O. Box 104445

Jefferson City, MO 65110-4445