

HIGH SCHOOL SUMMER INTERNSHIP PROGRAM 2016

APPLICATION

APPLICANT INFORMATION

First Name _____ Last Name _____

Gender Female Male D.O.B ____/____/____ Age _____

Current Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Cell) _____

Email Address _____ SYEP Application ID# _____

Are you fluent in any other languages? Yes No

Please list languages _____

Do you have working papers? Yes No

Do you have a Social Security Number? Yes No

Are you available for an interview the week of April 25, 2016? Yes No

Are you available to attend mandatory orientation on July 1, 2016? Yes No

Have you previously participated in the NYC DDC Summer Internship Program? Yes No

Are you available to work full-time from July 5 - August 12, 2016? Yes No

SCHOOL INFORMATION

Name of High School _____ Current Grade _____

Anticipated Graduation Date _____ Cum. Grade Point Average _____

Primary Career Interest _____ Secondary Career Interest _____

Intended College Major _____

How did you hear about our program? _____

Please answer the following questions in a paragraph form.

1) Please list 3 extracurricular activities or area of interests and explain what do you like about them.

2) What career would you like to pursue and why?

3) What do you hope to learn and accomplish during this internship program?