

***Due to Covid-19, pre-apprenticeships/ internships might be limited. We will do our best to place you in an industry you are interested in. Thanks for your understanding.*

Application For Experiential Learning Internship Program

You must complete an application and be approved before you can officially have Experiential Learning on your schedule for 2020-2021 school year. Experiential Learning is open to 11th & 12th grade students.

Name _____ Upcoming Grade _____

Mailing Address _____

Student Contact _____ Student Email _____

I am interested in interning in the field of _____

I am Interested in interning at (location listed below) _____

Locations where Students have Interned in the Past:

Byers Chiropractic, South Shore Marine, Coleman Dentistry, Orion Physical Therapy, Ellis Custom Homes, Caesar's Creek Animal Hospital, Bartleigh Janes Parlor on Main, Cobblestone Interiors, Wagner Electric, Caesar's Creek Parks, Waynesville Baptist Church, WMS Administration, WHS Athletic Department, Quaker Heights Care Community, Bowman Elementary School, D&D Lawn Pro, Waynesville Elementary School
Coming 2020- Waynesville Pharmacy, B&B Business Intern, Lebanon Citizen Bank, Internship for the Experiential Program (Journalism/ Media Exposure), Lebanon City Schools (middle & high school placement), Build It Challenge (event management and website programming)

Student Understanding:

I understand that if I want a different internship than one we have used in prior years, I need to try to find a location and mentor. If I can not find one I will contact Mrs. Rogers or Mrs. Shinkle before the start of the school year.

I understand that I will provide my own transportation.

I understand that I will earn 1.0 credits for 2 periods per semester. I MUST maintain 35 hours per quarter (70 total per semester).

Student Signature _____ Date _____

Parent Understanding:

I understand that if I want a different internship than one we have used in prior years, I need to try to find a location and mentor. If I can not find one I will contact Mrs. Rogers or Mrs. Shinkle before the start of the school year.

I understand that my child must provide their own transportation and will be leaving school early 4 days a week.

I understand that my student will earn 1.0 credits for 2 periods per semester. I MUST maintain 35 hours per quarter (70 total per semester).

Parent Signature _____ Date _____

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Names of two teachers from who you are asking to recommend you for Experiential Learning:

Please give the last page (Teacher Recommendation page) to the identified teachers above. They will return to Mrs. Rogers.

Student Questions- please complete:

Why have you decided to apply to this program:

Why do you think it is important for students to intern/job shadow a career they are interested in?

What do you hope to gain from this program?

*Please return this application to Mrs. Rogers or the H.S. office by **ASAP** – earlier if possible (as you will need my recommendation). You may be contacted for a personal interview.*

For Mrs. Rogers Use ONLY

_____ GPA

_____ EOC Points Earned

_____ Teacher Recommendation form

_____ Teacher Recommendation form

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Teacher Recommendation for Experiential Learning Internship Program

Student Name _____

Teacher Name _____

_____ I do Recommend this student to be a part of the WHS Experiential Learning Program. Please List a few reasons WHY you recommend this student.

_____ I Do NOT Recommend this student to be a part of the WHS Experiential Learning Program. Please list why you Do Not Recommend this student.

Any other information you are willing to share. Please include here.

*****This form is confidential and will NOT be shared with the student.
Please turn in to Mrs. Rogers mailbox ASAP.***