



INTERNSHIP APPLICATION

<u>Office Use Only</u>
Date Received: _____

To apply for an internship, please follow the instructions carefully. Using ATE Internship as the subject of the email, you may send all documents described below as **one attachment** in an email to rick.roberts@fdtc.edu or emery.dewitt@fdtc.edu (You may also deliver to 257-258 SiMT or your faculty advisor):

1. Prepare a cover letter answering the following questions (*preferred not required)
 - a. Which technology discipline are you currently enrolled?
 - b. Why do you want to be an intern?
 - c. What do you hope to accomplish during your internship?
 - d. How did you become interested in Technology?
2. Complete application form (below)
3. Prepare and update current resume
4. Two letters of recommendation (*preferred, not required)

Internships Opportunities:

School Session	Session Dates	Application Due Date
Summer	Begin May	Spring/ Proceeding Term
Fall	Begin Aug	Summer/ Proceeding Term
Winter/Spring	Begin January	Fall/ Proceeding Term

Interview Availability

In the space below, please indicate your availability for completing an on-site interview.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					



Internship Application

Full Name: _____

Current Address: _____ Permanent Address: _____

Student ID # _____

Cell Phone: _____ Home Phone: _____

Email: _____

Gender: Male _____ Female _____

Race: Asian ___ American Indian/Alaska Native ___ Black/African American ___ White/Caucasian ___
Bi-Racial ___ Do not wish to provide ___

Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___ Other ___ Do not wish to provide ___

Internship starting desired (**please check all that apply**)

Fall _____ Winter _____ Spring _____ Summer _____

Full Time _____ Part Time _____ Days and hours available if part-time: _____

Academic Information

Currently enrolled: _____Y _____N Full Time _____ Part Time _____

Program of Study/Major: _____

First Year Student _____ Second Year Student _____

Anticipated date of graduation: _____ Current GPA _____

Work Experience/Employment (please attach resume)

Employer Name _____

Current Title/Position _____



Internship Industry/Company Information

Company Name: _____

Address: _____

Company Contact: _____

Number of internship hours: _____ Hr/Rate of Pay _____

Additional Information

Please list all organizations with which you are affiliated, along with all academic honors or activities:

Please return completed Internship application to:

**South Carolina ATE Center
SiMT Room 257-258
2715 West Lucas Street
Florence, SC 29501**