INTERNSHIP APPLICATION

Please return this application along with your resume to:
WOFL/WRBW/WOGX
Attention: Human Resources
35 Skyline Drive, Lake Mary, FL 32746
wofl-hr@foxtv.com

All qualified applicants (students) will be given equal consideration regardless of race, color, age, sex, religion, disability or ethnic background.

Please print or type.

NAME: ______________________________________________________________________
ADDRESS: ___________________________ CITY: ____________________________
STATE: ___________________ ZIP: ___________ PHONE: ( ) _____________________

INDICATE THE SEMESTER(S) YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP

( ) FALL 20___ ( ) SPRING 20___ ( ) SUMMER 20___ ( ) WINTER 20___

REFERRED BY:

_____ SCHOOL
_____ PUBLICATION: ________________
_____ ON MY OWN
_____ EMPLOYEE: ___________________
_____ JOB FAIR: _____________________
_____ OTHER: _______________________

UNIVERSITY/COLLEGE CLASSIFICATION:

_____ Freshman  _____ Sophomore  _____ Junior  _____ Senior  _____ Graduate Student

EDUCATION:

UNIVERSITY/COLLEGE  ADDRESS  MAJOR/MINOR
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

NAME OF PROFESSOR AND UNIVERSITY/COLLEGE INTERNSHIP INFORMATION:

Professor’s Name: ___________________________________________________________
School Address: ______________________________________________________________
Telephone: _________________________________________________________________
Business Hours: ______________________________________________________________
COURSE NAME: __________________________________________________________

How many credit(s) will you receive for the internship? __________

How many hours are required to receive the credit(s)? __________

When is your deadline for registration? __________

Have you had an internship before? __________

If so, where: ____________________________________________________________

What were your principal duties as an intern? __________________________________
_________________________________________________________________________

DEPARTMENT(S) OF INTEREST
Please indicate three (3) Departments of interest with one (1) being your first choice, etc.

News _____ Production _____ Promotion _____ Sales/Research _____
Engineering/Master Control _____ Weather _____ Web _____

SCHEDULE AVAILABILITY

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QUESTIONS:
What do you expect to gain from the internship program?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are your career goals?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For office use only

Interviewed by: ________________________________ Date: ________________

Interviewed by: ________________________________ Date: ________________

Student needs to confirm internship by: ________________________________

Assignment: (Dept) __________________________________________
(Supervisor) __________________________________________