



High School Internship Program- Summer 2017 Application

Full Name: _____ D.O.B.: _____

Address: _____

Telephone: _____ E-mail: _____

School: _____ Year in school: _____

Father's full name: _____ Phone: _____

Mother's full name: _____ Phone: _____

Emergency contact person: _____

Dates for the 2017 sessions are below, please CIRCLE your availability and preferred session.

June 26 till July 14

July 30 till August 18

Available YES or NO

YES or NO

Preference YES or NO

YES or NO

Do you have a lap top? YES or NO

If yes, what type? _____

Are you interested in programming? YES or NO

X _____
Intern Signature Date

X _____
Dr. Duax Signature Date

X _____
Parent Signature Date

How did you learn about the program? _____