

## **WTVA, Inc. Internship Application Form**

Name:  
Street Address:  
City:  
State:  
Zip Code:

Home Phone:

Name of College/University:  
School Phone:

Name & Department of Advisor:  
Advisor Phone:  
Major:

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Your Career Goals:

From an internship with WTVA, Inc., I hope to gain...

Please indicate three areas of interest:

### **Select one of the following:**

Quarter/Semester I'm applying for: Fall, Winter, Spring, Summer

Dates when you're available:

Fall	July 30
Winter	November 30
Spring	February 28
Summer	April 30

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***Please return this form to:***

**Kizzy Guy, Intern Coordinator, WTVA Inc., P.O. Box 350, Tupelo, MS 38802**