

# College Internship Program

## Application for Admission

I am applying to the College Internship Program at: *check center(s) below*

**Berkshire Center**   
*Lee, Massachusetts*

**Brevard Center**   
*Melbourne, Florida*

**Bloomington Center**   
*Bloomington, Indiana*

**Berkeley Center**   
*Berkeley, California*

Fall 2009  Spring 2010   
Fall 2010  Spring 2011

*\*Please include an application fee of \$100.00 with this application.  
Save 25% by applying online! [www.collegeinternshipprogram.com](http://www.collegeinternshipprogram.com)*

**College Internship Program** carefully screens applications for admission. Please take the time necessary to complete this application accurately and completely.

### GENERAL INFORMATION

DATE \_\_\_\_\_ MALE  FEMALE   
APPLICANT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ ENGLISH PRIMARY LANGUAGE? YES  NO   
PHONE NUMBERS \_\_\_\_\_ HOME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
\_\_\_\_\_ WORK \_\_\_\_\_ STUDENT CELL PHONE # \_\_\_\_\_  
STUDENT EMAIL \_\_\_\_\_

### FAMILY INFORMATION

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
FAX NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

## FAMILY INFORMATION (CONTINUED)

STEP MOTHER'S NAME \_\_\_\_\_

STEP FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

## SIBLING INFORMATION

Please list all siblings in chronological order (eldest first). Include the applicant and all step and half siblings. Please indicate if deceased.

NAME

AGE

SEX

NAME

AGE

SEX

\_\_\_\_\_

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## HOW WERE YOU REFERRED TO THE COLLEGE INTERNSHIP PROGRAM?

REFERRED BY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ CONSULTANT  WEBSITE  MAGAZINE   
OTHER (PLEASE SPECIFY) \_\_\_\_\_

## EDUCATIONAL INFORMATION

College Internship Program will need official copies of the applicant's High School and College transcripts. Please list all schools the applicant has attended from 9<sup>th</sup> through 12<sup>th</sup> grade. Also include colleges or other relevant educational programs.

CURRENT/MOST RECENT SCHOOL \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GRADE LEVEL ACHIEVED OR DIPLOMA OR DEGREE \_\_\_\_\_

## EDUCATIONAL INFORMATION (CONTINUED)

SCHOOL NAME \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GRADE LEVEL ACHIEVED OR DIPLOMA OR DEGREE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GRADE LEVEL ACHIEVED OR DIPLOMA OR DEGREE \_\_\_\_\_

ADVISOR/GUIDANCE COUNSELOR AT CURRENT SCHOOL:

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## APPLICANT INFORMATION

\*Please list all counselors and therapists who have seen applicant.

NAME \_\_\_\_\_ NATURE OF SERVICE \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE SEEN \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP) (PHONE)

NAME \_\_\_\_\_ NATURE OF SERVICE \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE SEEN \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP) (PHONE)

DO YOU HAVE ANY MEDICAL CONDITIONS? \_\_\_\_\_

LIST YOUR SPECIFIC L.D. DIAGNOSES? \_\_\_\_\_

## WESCHLER ADULT INTELLIGENCE SCALE - (WAIS III OR IV)

I.Q. SCALE: VERBAL \_\_\_\_\_ PERFORMANCE \_\_\_\_\_ FULL SCALE \_\_\_\_\_

## WOODCOCK JOHNSON ACADEMIC TESTING: GRADE EQUIVALENT

READING \_\_\_\_\_ WRITING \_\_\_\_\_ MATH \_\_\_\_\_ LANGUAGE \_\_\_\_\_

\*Please include a copy of WAIS III and/or WOODCOCK JOHNSON with application.

## APPLICANT INFORMATION (CONTINUED)

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL REASONS: YES  NO

IF YES, PLEASE GIVE DATE AND REASON \_\_\_\_\_

DO YOU TAKE ANY MEDICATION? YES  NO  IF YES, PLEASE DESCRIBE FOR WHAT? \_\_\_\_\_

IS THERE ANY PAST HISTORY OF ALCOHOL, DRUG OR LEGAL DIFFICULTIES? YES  NO

IF YES, PLEASE DESCRIBE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO  IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM SCHOOL? YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU YOUR OWN LEGAL GUARDIAN? YES  NO

## SPECIAL INFORMATION

1. WILL YOU NEED TUTORING IN ANY SUBJECTS? \_\_\_\_\_

2. WHAT ARE YOUR BEST SUBJECTS? \_\_\_\_\_

3. DO YOU KNOW WHAT YOUR MAJOR WILL BE? \_\_\_\_\_

4. DO YOU WANT SPECIALIZED TRAINING IN ANY AREA? \_\_\_\_\_

5. ADDITIONAL COMMENTS \_\_\_\_\_

## ARE YOU INTERESTED IN ATTENDING:

Please choose a school or program under the center you are applying for.

Our websites have a complete list of schools available. Go to [www.CollegeInternshipProgram.com](http://www.CollegeInternshipProgram.com)

### BERKSHIRE CENTER

- Berkshire Community College
- C-STEP Career Program

### BERKELEY CENTER

- Berkeley City College
- Merritt College
- UC Berkeley
- Laney College
- CIP Career Program
- \_\_\_\_\_ Other

### BLOOMINGTON CENTER

- Indiana University
- Ivy Tech Community College
- CIP Career Program

\_\_\_\_\_ Other

### BREVARD CENTER

- Brevard Community College
- University of Central Florida
- Florida Institute of Technology
- CIP Career Program

\_\_\_\_\_ Other

## STUDENT STATEMENT

Please explain your strengths and weaknesses.

Please list 3 goals that you would like to achieve while attending the College Internship Program

## PARENT STATEMENT

Please explain your student's strengths.

Please list at least 3 goals you would like your student to achieve while attending the College Internship Program

## EXTRACURRICULAR, COMMUNITY AND VOLUNTEER ACTIVITIES

Please list your principle extracurricular, community, church, and family activities and hobbies. Include specific events and/or major accomplishments such as musical instruments played, varsity letters earned, etc. Please indicate those activities you hope to pursue at the College Internship Program.

## STATEMENT OF AUTHENTICITY

NAME OF PERSON COMPLETING APPLICATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

IF NOT APPLICANT, RELATIONSHIP TO APPLICANT \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PREPARER

\_\_\_\_\_  
DATE

## APPLICATION PACKET CHECKLIST

Please make sure to include all of the following:

FULLY COMPLETED APPLICATION

\$100.00 FEE

WAIS TESTING

WOODCOCK JOHNSON

2 REFERENCE FORMS

H.S. TRANSCRIPT/IEP

STUDENT PHOTO