

# 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*

Spring 2010  Fall 2010   
Spring 2011  Fall 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

(See attached reference forms)

# College Internship Program

## REFERENCE FORM #1

17 Main Street  
Lee, MA 01238  
(877) Know-CIP

### APPLICANT INFORMATION

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

APPLICANT'S EMAIL: \_\_\_\_\_

APPLYING FOR ADMISSION TO:  BERKSHIRE  BREVARD  BLOOMINGTON  BERKELEY

FALL SEMESTER  SPRING SEMESTER

### EVALUATOR INFORMATION

An application for admission to the College Internship Program requires evaluations from two people capable of judging the career and academic promise of the applicant. Please submit this form as soon as possible.

EVALUATOR'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

SCHOOL OR COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW DOES THIS APPLICANT COMPARE WITH HIS OR HER PEER GROUP IN ABILITY?

## PERSONAL EVALUATION OF THE APPLICANT

What particularly qualifies this student for study at the College Internship Program? Information about accomplishments will be particularly helpful. If you have any reason to believe that the applicant should not be considered, please explain.

**EVALUATORS:** Please feel free to add information about your own educational and professional background if you feel that such information will enhance our understanding of your evaluation.

## PERSONAL CHARACTERISTICS

Please rate this student realistically in comparison with your other students

	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulates gaming/computer use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ACKNOWLEDGEMENT *(Please read carefully)*

I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM. (Sign below)

YES \_\_\_ NO \_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

### APPLICANT INFORMATION

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

APPLICANT'S EMAIL: \_\_\_\_\_

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TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

SCHOOL OR COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulates gaming/computer use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ACKNOWLEDGEMENT *(Please read carefully)*

I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM. (Sign below)

YES \_\_\_ NO \_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_