



Charles Herbert Flowers High School
10001 Ardwick-Ardmore Rd.
Springdale, MD. 20774



Internship Application 2009-2010

CONTACT INFORMATION

Name	
Street Address	
City, State ZIP	
Home Phone	
Cell Phone	
E-mail Address	

INTERNSHIP PREFERENCE

Check one

Mornings

INTERESTS

Tell us in which areas you are interested in becoming an intern (check only one)

Biological Sciences

Chemical Sciences

Physical Sciences

Engineering

Computer Sciences

SPECIAL SKILLS OF QUALIFICATIONS

Summarize special skills and qualifications you have acquired from school, employment, previous volunteer work, or through other activities – including hobbies or sports – that will make you an excellent candidate for internship. Attach an additional typewritten sheet if necessary.

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Please list places you have contacted or intend to contact to obtain an internship.
Transportation to and from school/internship is the responsibility of the student.

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TEACHER REFERENCES

Please list three teachers and submit letters of recommendation supporting you as an intern.

Teacher One	
Teacher Two	
Teacher Three	

STUDENT AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the program.

Name (printed)	
Signature	
Date	

PARENT AGREEMENT AND SIGNATURE

I understand that if selected for the Charles Herbert Flowers Research Practicum Internship Program, my son/daughter will be representing CHFHS Science and Technology Program. Should the student fail to maintain the highest of academic, attendance, and ethical standards, he/she may be removed from participation in the program. I also understand that my child is responsible for transportation to and from the internship.

Parent Name (printed)	
Signature	
Date	