



**San Leandro Unified School District
2015 Summer Intern Application Form**

This form must be completed and signed by both student and parent/guardian and turned into SLHS or LAEC Administration Office no later than Monday, June 8, 2015.

Student's Full Name:
Address
Contact Telephone Number
Parent/Guardian Name
Parent/Guardian Email and Contact Phone Number
Part 1: Personal Statement: Attach additional page if needed:
How will an internship support your future goals?
What strengths do you have that will make you a successful intern?

List any prior work experience:

1) *Volunteer Experience:*

2) *Paid Employment*

List three careers or industry areas that you would like to explore through an internship.

- 1)
- 2)
- 3)

Signatures: Signing below indicates that you are willing and able to fulfill all the requirements of the SLUSD/ROP Summer Internship Program. You will be contacted by June 10th for your information interview. Applicants will be notified by June 11th.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Notes for SLUSD Staff:

Special Thanks To:

FOUNDERS CIRCLE

PilotCity

