



INTERNSHIP APPLICATION



Internship Application Deadlines:

Summer Semester	April 15 th
Fall Semester	August 15 th
Spring Semester	December 15 th

Email Completed Application to internship@wncn.com or send to:

WNCN-TV
Attn: Internship Committee
1205 Front Street
Raleigh, NC 27609

Please Note: Due to the high volume of resumes we receive we regret that we will only be able to offer a limited number of internships per quarter/semester. Applicants that apply at the beginning of the application period increase their opportunity for an internship as these positions fill quickly.



INTERNSHIP APPLICATION

WNCN-TV is an Equal Opportunity Employer

Tour Date: _____ Start Date: _____ (to be completed by Internship Coordinator)

STUDENT INFORMATION

Name: _____ College/University: _____ GPA: _____

Circle One: Graduate Senior Junior Sophomore Major: _____ Graduation Date: _____

Campus Address: _____ Email: _____

_____ Mobile Phone: (_____) _____

Home Address: _____ Home Phone: (_____) _____

Emergency Contact: _____

INTERN'S AREAS OF INTEREST

Internship opportunities are available in the following areas; hours may vary depending on the assignment and student schedule.

Please indicate three areas of interest:

Assignment Desk

Newscast Producing

Sales

Reporting

Broadcast Production

Photojournalism

Web/Social Media

Weather

News Promotions/Marketing

My Carolina Today/Local
Programming

Editing

Commercial Production

Semester Desired

Fall

Spring

Summer

WEEKLY AVAILABILITY

Please note: We will try to accommodate your top schedule requests, but cannot guarantee them.

Morning Shift (3am – 10am) (applicable to News and Production ONLY)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Dayside Shift: (9am – 5pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Nightside Shift (2:30pm – 11:30pm) (Applicable to News and Production ONLY)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

LIST RELEVANT COURSEWORK, EMPLOYMENT, & EXTRACURRICULAR ACTIVITIES

EDUCATION AND TRAINING

High School:

Name and address

Degree: _____ Did you graduate? Yes ____ No ____

College:

Name and address

Degree: _____ Did you graduate? Yes ____ No ____

Graduate School:

Name and address

Degree: _____ Did you graduate? Yes ____ No ____

Other:

Name and address

Degree: _____ Did you graduate? Yes ____ No ____

Date available to start working: _____

Do you have a valid driver's license? ____ Yes ____ No

Has your legal ability to drive in any state been suspended in the last year? ____ Yes ____ No

Have you been convicted for DWI, reckless driving or two speeding tickets in the past year?
____ Yes ____ No

Foreign Language: _____ ___ Speak ___ Write ___ Fluent

Computer Software: MS Word	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
MS Excel	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
MS Access	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
PowerPoint	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
Outlook	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac

Other software programs used: _____

ADDITIONAL QUESTIONS

Please use a separate sheet of paper to answer the following questions:

1. Why are you interested in interning with WNCN-TV?
2. What are your goals for the internship?
3. What do you want to do with your degree?
4. Describe a difficult situation in which you've been involved. How did you reach a solution?

REFERENCES

Please list 3 references that we may contact on your behalf.

Name: _____
Title: _____
Phone: _____
Email: _____

Name: _____
Title: _____
Phone: _____
Email: _____

Name: _____
Title: _____
Phone: _____
Email: _____

OTHER MATERIALS

Please attach form your resume to this application, a cover letter and writing samples, if available. These may be newspaper clips, TV scripts, printouts from Web sites or other samples. You may also send DVD/video, CDs, and links to Web sites on which you have worked, but those are not required.



VERIFICATION OF ACADEMIC CREDIT

This verifies that the student listed below qualifies to participate in the WNCN-TV Internship Program and will be eligible for course credits upon successfully completing the internship:

STUDENT'S NAME: _____

COLLEGE/UNIVERSITY: _____

NUMBER OF COURSE CREDITS GRANTED: _____

STUDENT ADVISOR: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Advisor's Signature

Date