

Governor Mifflin High School *Internship Program*



GMHS MAIN OFFICE

101 S. Waverly Street

Shillington, PA 19607

Tel: 610-775-5089

Fax: 610-796-7471

www.governormifflinsd.org/internships

Governor Mifflin High School Internship Application

Application Submission Date: _____ (office use only)

Student's Name _____ Home Phone # _____

Student's Cell # _____ Birthday (mm/dd/yy) _____

Address _____

City _____ State _____ Zipcode _____

Student E-Mail _____

Grade _____ What is your career objective? _____

Do you have an internship site? Yes _____ No _____ If so, where? _____

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Mother's Name _____ Occupation _____

Company/Agency Name _____

Phone: Home _____ Work _____ Cell _____

E-Mail (home or work) _____

May I contact you at work? Yes _____ No _____

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Father's Name _____ Occupation _____

Company/Agency Name _____

Phone: Home _____ Work _____ Cell _____

E-Mail (home or work) _____

May I contact you at work? Yes _____ No _____