

Internship programs provide a structured work-based learning experience for qualified seniors. Job placement assistance will be provided by the internship coordinator. Students must be able to work a minimum of 5 hours per week for the academic school year.

To be considered for the Internship program students must complete the following:

- 1) Submit completed Student Application Form to your guidance counselor for review and forwarding to CTE internship coordinator
- 2) Submit **2** teacher recommendations (one must be your CTE teacher) Email <https://forms.office.com/r/bQCC1di39M> to your selected faculty
- 3) Completed one Carnegie unit in a CTE Program of Study
- 4) Must be a senior who is on-track to graduate



Applications are due to your Guidance Counselor for review by the CTE Internship Coordinator in March for the following fall and October for the following spring.

The CTE Internship Coordinator will notify accepted candidates of next steps after all paperwork is complete and the intern has secured a position at a job/internship. The acceptance email will be sent to the student via their SUSD GAPPS email account. In order to be accepted into the CTE Internship Program, the student and the student's parent/guardian must attend an informational meeting. The CTE Internship Coordinator will notify the student of dates, times, and additional required paperwork via email.

Candidates must complete the 2nd Carnegie unit of their chosen pathway before the internship begins OR take the 2nd course concurrently with the Internship. Block courses need semester one complete before applying for internship. Please mark which CTE pathway you will complete for internship eligibility.

- | | | |
|--|---|--|
| ☐ Business Operations | ☐ Engineering | ☐ Marketing |
| ☐ Biotechnology | ☐ Film and TV News | ☐ Music and Audio Production |
| ☐ Criminal Justice | ☐ Finance | ☐ Networking & Cybersecurity/IT |
| ☐ Culinary Arts | ☐ Graphic Design | ☐ Software Development/Coding |
| ☐ Digital Publishing | ☐ Healthcare Assistant (Nursing) | ☐ Sports Medicine |
| ☐ Digital Photography | | ☐ Technical Theatre |

Counselor Use Only: Transcript checked/On-track to graduate _____ CTE pathway shows 2.0 completed or concurrent credits _____

Student's Name _____ Student ID# _____

Address _____ City _____ Zip _____

Nearest Major Crossroads _____

Date of Birth _____ Age _____ Home Phone _____ Other Phone _____

Parent's or Guardian's Name _____ Parent's Cell Phone _____

Student SUSD GAPPS email _____

Parent/Guardian email _____

Your Skills or Training (can include skills you have used in class, in your home, or in a paying job)

5/01/2023

Scottsdale Unified School District does not discriminate on the basis of race, color, ethnicity, national origin, religion, sex or gender, sexual orientation, disability or age in its programs and activities and provides equal access. Questions, complaints, or requests for additional information may be directed to the Title IX and Title VI Coordinator, Dr. Milissa Sackos, 8500 E. Jackrabbit Road., Scottsdale, AZ 85250, phone 480-484-6239. Concerns about discrimination on the basis of disability may be directed to the Section 504 Compliance Officer, Shannon Cronn, NCSP, Director of Support Services, 8500 E Jackrabbit Road, Scottsdale, AZ 85250, 480-484-5025.

Work History - Where have you been employed in the past, whether paid or unpaid?

What specific skills and experience do you wish to gain from being in the program? _____

Occupational preference for Internship - What type of work would you like to do? Must align to your CTE pathway.

What are your career goals after high school?

Do you plan to attend college/university or other technical training/schooling/apprenticeship after high school graduation? _____

If yes, where? _____

Can you arrange your own transportation to and from your internship? _____

Driver's License Yes _____ No _____

I will accept whatever responsibilities are placed before me and agree to report the outcome of any job leads that I receive. Once hired, I will perform my job in such a manner that will honor my school and myself. Throughout the course, I will continually strive to increase my skills on the job and gain more information applicable to the job I will perform while I am a member of the internship program.

Date _____ Student Signature _____

I authorize the coordinator of the internship program for which my son/daughter is applying to review his/her education records. I further authorize Scottsdale Unified School District to use information provided on this form to meet its reporting obligations for funding purposes. In all other respects, the information provided on this form will be maintained as a confidential education record in accordance with the federal Family Educational Rights and Privacy Act.

Date _____ Parent/Guardian Name _____

Parent/Guardian Signature _____

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