



Career Connect SW Paid Summer Internship

Project-Based Internship Application

Complete Application in Ink

Last Name		First Name	Middle Initial
Last Name (other)	Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X
Cultural Option <input type="checkbox"/> Hispanic/Latino	Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Date of Birth (month/day/year)
Phone Number			
Email Address			
Mailing Address Street		City, State	Zip Code
Name of School		Grade	Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently enrolled in a CTE class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what class?	
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what languages?	
Do you receive IEP/504 services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your family qualify for Free/Reduced Lunch or other government funded assistance? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who referred you to the program or how did you hear about the Project Based Internships?			

Please list two people we can contact in the event of an emergency.

Name:	Name:
Telephone Number:	Telephone Number:
Relationship:	Relationship:

I certify this information to be true to the best of my knowledge. I know this information will be reviewed and verified and I agree to supply documents to support this application. I am aware that if I am found ineligible after enrollment I will not be allowed to continue in the program. I authorize ESD 112 to share this information as necessary in order to determine my eligibility for the program.

By signing below, I authorize the exchange of information and records including local school districts and any other ESD 112 partner agency. I acknowledge that by applying for ESD 112 services, I am giving permission for the ESD 112 to use my Social Security Number and related records in accordance with its policies.

PUBLICITY RELEASE

I DO ____ DO NOT ____ give permission for my (or my child's in the case of a minor) photo(s) or video footage and name to appear in publicity designed for the purpose of informing federal, state, and local administrative agencies and the community about ESD 112 activities and programs.

X

Applicant Signature

Date

X

Parent or Guardian Signature (if applicant is under age 18)

Date

Educational Service District 112 is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Relay 711.