

AETN INTERNSHIP APPLICATION



PERSONAL INFORMATION

Name: _____ Date: _____
Mailing Address: _____
City _____ State _____ Zip _____
Home Phone: () _____ Cell Phone: () _____
Email Address: _____

EDUCATIONAL INFORMATION

Institution: _____ Location: _____
Classification: _____ Major: _____
Minor: _____ Expected Graduation Date: _____
Relevant Coursework: _____

GENERAL INFORMATION

Indicate the Department(s) of interest by numbering in order of preference:
(Department descriptions available online at www.aetn.org/about/internship)

_____ Marketing & Outreach _____ Programming
_____ Operations _____ Education
_____ Production _____ Finance

Desired Internship Semester:

Spring Summer Fall

Please check all skills you possess (check all that apply):

- Clerical Podcasting Graphics/Layouts Writing
- Accounting Web Design Television Camera Audio
- Lighting Video Editing Transcription Photography
- Video Streaming Knowledge of HTML Animation

Other Skills :

Please list all software applications you have experience with:

Availability:

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Mornings Afternoon Evenings

Please note

AETN's business hours are Mon-Fri, 8:00am-4:30pm. However, some departments have projects that occasionally occur outside of normal business hours.

How many hours per week are you available for an internship? _____

How did you learn about the AETN Internship Program?

Employee Friend Television Academic Professor

Career Services AETN Website Other: _____

Please list your emergency contact:

Name: _____ Relationship: _____

Telephone: _____

SUBMIT APPLICATION WITH COVER LETTER & RESUME TO:

KAREN WALKER

Government and Community Relations
350 S. Donaghey Ave, Conway, AR 72034
Phone 501-682-4152

kwalker@aetn.org

More info: www.aetn.org/about/internship