



**INTERNSHIP INFORMATION**

**KITV** recognizes that a good internship program can add practical experience to the education a student gains in college or graduate school. Therefore, KITV4 has established an Internship Program in which students may work one semester and earn academic credit. Interns will be closely supervised and critiqued in order to maximize the learning experience.

**KITV4 INTERNSHIP APPLICATION**

Please mail, fax or e-mail the completed and signed application along with any appropriate paperwork to:

KITV Internship Program  
801 South King Street  
Honolulu, HI 96813

Fax No. (808) 536-8777  
e-mail address: jalama@kitv.com

**PERSONAL INFORMATION** (Please type):

Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

College/University: \_\_\_\_\_

Campus Address: \_\_\_\_\_

\_\_\_\_\_

Campus Phone: (\_\_\_\_\_) \_\_\_\_\_

Circle One:    Graduate Student                  Senior                  Junior                  Sophomore

Major: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Overall GPA: \_\_\_\_\_



### INTERNSHIP AREAS

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

- |   |   |
|---|---|
| <input type="checkbox"/> <b>KITV4 News This Morning</b> | <input type="checkbox"/> <b>Sales and Marketing</b>   |
| <input type="checkbox"/> <b>5PM News</b>                | <input type="checkbox"/> <b>Sales and Research</b>    |
| <input type="checkbox"/> <b>6PM News</b>                |   |
| <input type="checkbox"/> <b>10PM News</b>               | <input type="checkbox"/> <b>Creative Services</b>     |
| <input type="checkbox"/> <b>Weekend News</b>            | <input type="checkbox"/> <b>Graphic Design</b>        |
| <input type="checkbox"/> <b>Assignment Desk</b>         |   |
| <input type="checkbox"/> <b>Weekend Assignment Desk</b> | <input type="checkbox"/> <b>Technical/Engineering</b> |
| <input type="checkbox"/> <b>Sports</b>                  |   |
| <input type="checkbox"/> <b>Health Report</b>           | <input type="checkbox"/> <b>News Production</b>       |
| <input type="checkbox"/> <b>Investigative Unit</b>      | <input type="checkbox"/> <b>Commercial Production</b> |
| <input type="checkbox"/>                                |   |

Semester Internship Desired:     Fall     Spring     Summer

Days available to work:     Mon     Tues     Wed     Thurs     Fri     Sat  
 Sun

(Minimum of 8 hours per week in the newsroom and 16 hours in other areas)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_



## EDUCATIONAL BACKGROUND

List all related courses completed to date, and letter grades from each:

COURSE	GRADE	COURSE	GRADE

### EXTRACURRICULAR ACTIVITIES

(Include any offices held, and awards or scholarships won)

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### APPLICANT'S PROFILE

Briefly state your main objectives for participating in a KITV4 internship.

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What are your strongest areas of interest?

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**EMPLOYMENT RECORD**

Starting with the most recent position held, work backwards including full and part-time positions. Also, list any other internships that you may have completed. **THIS SECTION MAY BE REPLACED BY A RESUME IF AVAILABLE.**

Employer's Name & Address:

Dates of Employment:

Position/Title & Duties:

Employer's Name & Address:

Dates of Employment:

Position/Title & Duties:

Employer's Name & Address:

Dates of Employment:

Position/Title & Duties:

Employer's Name & Address:

Dates of Employment:

Position/Title & Duties:

Additional training or skills:

\_\_\_\_\_  
Applicant's Signature



**VERIFICATION OF ACADEMIC CREDIT**

This verifies that the student listed below qualifies to participate in the KITV4 Internship Program and will be eligible for course credits upon successfully completing the internship:

STUDENT'S NAME: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

SCHOOL STATUS:  GRADUATE STUDENT  SENIOR  JUNIOR  
 SOPHOMORE

NUMBER OF COURSE CREDITS GRANTED: \_\_\_\_\_

STUDENT ADVISOR: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Does the school's liability insurance cover this student while he/she is performing field study for KITV4 in exchange for academic credit?  Yes  No

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED PRIOR TO START OF INTERNSHIP**