



ESCUELA AMERICANA JUNIOR INTERNSHIP PROGRAM

Applicant's name: _____

Email: _____ **Phone number:** _____

Area of Interest: (ex. Marketing / Engineering / Medicine / Dentistry, etc.)

1st Priority: _____

2nd Priority: _____

Companies where you ideally would like to work at: (for reference only, we cannot guarantee a position in these specific companies)

Please tell us why you would like to be a part of the Junior Internship Program?

Time Availability: Please tell us your "ideal" internship start and end dates. (Please be aware that we cannot guarantee that companies will have positions available during those dates).

Start date: _____ End Date: _____ I am flexible with my summer time: _____

Insurance:

Company: _____ Policy Number: _____

I agree to abide and follow the JUNIOR INTERNSHIP PROGRAM Requirements, Commitments, and Guidelines, as well as comply with the application process.

Student Signature _____ Parent Signature _____

My child, _____ has my permission to participate in the Junior Internship Program. I hereby release Escuela Americana from all responsibility in case of accident, robbery, theft, or any damage or loss of personal belongings, natural disasters and/or loss of individual or collective liberty while in route to and during his/her participation in the program

Parents' Name

Parents' Signature

Date