

# INTERNSHIP APPLICATION

Thank you for choosing to apply to intern with **Minority Reporter Media Group**.

If you have any questions, please email [editor@minorityreporter.net](mailto:editor@minorityreporter.net)

(Please note that all Minority Reporter Internships are unpaid)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address:(current) \_\_\_\_\_

(permanent) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (other) \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate the internship areas you are interested in.

Editorial Assistant

Photojournalism

Writing/Reporting

Marketing

Graphic Design

Clerical/Administration

## Education:

Type of School	Name/Location	Degree/Date	Major
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Licenses: \_\_\_\_\_

\_\_\_\_\_

## References:

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Company/School \_\_\_\_\_

Relationship \_\_\_\_\_ Known how long \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Company/School \_\_\_\_\_

Relationship \_\_\_\_\_ Known how long \_\_\_\_\_

Why you would like to work as an intern for the Minority Reporter Organization?

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Please indicate the dates you are available to perform your internship.

Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Times available

Mon: Start \_\_\_\_\_ End \_\_\_\_\_

Tues: Start \_\_\_\_\_ End \_\_\_\_\_

Wed: Start \_\_\_\_\_ End \_\_\_\_\_

Thurs: Start \_\_\_\_\_ End \_\_\_\_\_

Fri: Start \_\_\_\_\_ End \_\_\_\_\_

**Thank you for applying to the Minority Reporter Media Group Internship Program.**

Please return this application as soon as possible. Mail to:

**Minority Reporter Media Group**

P.O. Box 26352

Rochester, NY 14626

**Phone: 888-792-9303**

**OR FAX TO: 888-796-6292**

**OR EMAIL: [editor@minorityreporter.net](mailto:editor@minorityreporter.net)**

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