APPLICATION FOR ILLINOIS BROADCASTERS ASSOCIATION
MULTICULTURAL INTERNSHIP PROGRAM

Name: _____

School Address: _____
(Street, Apartment #, City, Zip)

Home Address: _____

Cell Phone: _____

Home Phone: _____

Preferred E-mail address: _____

University or College Attending: _____

Major Area of Study: _____

Year in School (e.g., Junior, Senior, etc.): _____

Expected Graduation Date: _____

Overall GPA: _____

(The following items may be submitted on a separate paper or email)

Career Objective (Be as Specific as Possible):

Broadcast, Media and/or Writing Experience Other than Classroom:

Extra-Curricular Activities:

When you graduate, what kind of job will you seek? (Be specific and realistic.):

Please sign and date the IBA MIP internship agreement below and include required documents with your application:

I agree that I will serve a summer internship at a broadcast organization, to be selected by the IBA, if I receive the IBA-MIP award.

Date: _____ Signature: _____

Print Name: _____

Items Required:

1. Application must be accompanied by three (3) letters of recommendation from faculty or broadcast professionals familiar with your academic progress and career potential.
2. Attach your current Resume.
3. Attach a typed 250-word essay to answer the following question: "How do you expect to benefit from the IBA MIP program?"

STUDENTS MUST HAVE ALL THE REQUIRED DOCUMENTS IN ORDER TO INTERVIEW.

Please send this application along with required documents to your school internship coordinator, who should then forward to the IBA MIP internship director at:

FrankWhittakerIBA@gmail.com

Illinois Broadcasters Association – 2501 Chatham Road – Springfield, IL 62703 – 217-793-2636