



CAREER PLANNING INTERNSHIP PROGRAM APPLICATION

Circle one: Fall 20__ Spring 20__ Summer 20__

Student: _____
(Last Name) (First Name)

Home Address: _____

Cell Phone #: _____ Home phone #: _____

E-mail address: _____

Current School: _____

School Address: _____

School Phone #: _____ Grade level: _____

How did you hear about the program? (Please include specific name of referral source)

ESSAY QUESTION

Please type a brief essay and attach to this application.

Describe your interests and why you would like to participate in the Career Exploration Internship Program.



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PLEASE SUBMIT A LETTER OF RECOMMENDATION UNDER SEPARATE COVER. LETTER MAY BE FAXED (646.707.0064) OR MAILED TO:

**Daphne Gregory and Associates, LLC
32 West 71st, Suite 1B
New York, NY 10023**

Do you have any school/employment obligations which may interfere with your internship?
No ___ Yes (please explain) _____

Do you have any health issues that may affect your internship attendance?
No ___ Yes (please explain) _____

EMERGENCY INFORMATION

Full Name of Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact (Full Name) _____

Relationship _____ Phone: _____

Student Signature: _____ Date: _____



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AFTER COMPLETING APPLICATION, PLEASE MAIL OR FAX TO:

Daphne Gregory and Associates, LLC

32 West 71st, Suite 1B

New York, NY 10023

Fax: 646.707.0064

Upon receipt of your application, you will be contacted regarding program requirements and fees.

For further questions call: 973.479.0272

E-mail: dgregorythomas@gmail.com