**SEACREST STUDIOS  
 INTERNSHIP APPLICATION**

**All applicants must be enrolled at a college or university.**

**Contract between the hospital and school has been negotiated prior to start of internship. School must supply worker’s compensation and general liability insurance for student activities and education. Student or school must provide proof of professional liability insurance.**

Thank you for your application to the Seacrest Studio internship program at Children's Hospital Colorado.

Applicant Requirements:

* Preferably in Junior or Senior year in the areas of Broadcasting, Journalism, or Technical Communications (or similar field)
* Possess an academic GPA of 3.0 or higher
* In current good-standing at his/her university
* Ability to reliably fulfill 10 to 15 hours in the studio each week throughout internship

**PERSONAL INFORMATION**

Name

Mailing Address City State ZIP Code

Permanent Address City State ZIP Code

Telephone Alternative Telephone

Email Address

Please check box for which address we should mail communications to.  
Mailing  Permanent

**ACADEMIC BACKGROUND**

Current University/College

From        To

Dates Attended (Month/Year)

Major Minor/Areas of Emphasis

Graduation Date Degree Earned Cumulative GPA

Past University/College

From        To

Dates Attended (Month/Year)

Major Minor/Areas of Emphasis

Graduation Date Degree Earned Cumulative GPA

**INTERNSHIP PREFERENCE**

Desired internship session: Spring 20     Fall 20      Summer 20

Will you be using the internship to complete college credits? Yes No

Academic Advisor

Academic Advisor Phone Number

Academic Advisor Email

**SUPPLEMENTAL INFORMATION CHECKLIST**

Please include the following information with your application:

A transcript from current school

A copy of your current resume

One letter of recommendation from a college/university professor or academic advisor

A typed response to the following (please attach response as separate document):

1. Tell us why you are exploring an internship in the Seacrest Studio at Children’s Hospital Colorado.
2. Describe the goals and objectives you expect to accomplish during your internship.
3. Briefly define your greatest strength that you would bring to the internship, along with an area you would like to develop.

**ACKNOWLEDGEMENT**

I confirm that the information provided in the application is true to the best of my knowledge. I further understand that any false statements on the application shall be sufficient cause for rejection for this internship or immediate discharge when discovered.

I hereby authorize my former supervisors and references to release information regarding my past experiences to assist this committee in determining my suitability for the internship.

I understand that if I am selected as a student intern, I am required to do the following before beginning my internship.

Complete health screen requirements, including drug screen, prior to arrival at Children’s Hospital Colorado

Complete tasks identified in welcome email (sent by HR once offered internship)

Complete all required reading and activities prior to arrival, if applicable

Applicant’s Signature Date

Please direct any questions to both [chris.coleman@childrenscolorado.org](mailto:chris.coleman@childrenscolorado.org) and [cody.hudson@childrenscolorado.org](mailto:cody.hudson@childrenscolorado.org).

Please return completed application and materials attached in ONE email to both [chris.coleman@childrenscolorado.org](mailto:chris.coleman@childrenscolorado.org) and [cody.hudson@childrenscolorado.org](mailto:cody.hudson@childrenscolorado.org).

Children’s Hospital Colorado internship selection committee does not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status or disability. We reserve the right to not offer the internship every semester.