

The Hudson Valley Press

Hudson Valley Press and Affiliates Internship Application

Please print or type the following information:

Applying for: What days and hours will yo	☐Spring u be available?	Summer	Fall
Name:			
Date of Birth:			
Social Security No.:			
Driver's License No.:			
Phone Number(s):			
Mailing Address:			
D			
Permanent Address:			
Email:			
College or University:			
Degree Program:			
Major(s) & Minor(s):			
Graduation Date:			
Grade Point Average:			
Honors/Awards			
Have you ever been convicted of If yes, please explain on a se		a minor traffic violation	on? Yes No
Are you seeking an unpaid posi school?	tion for which you n	nay be able to receive	credit from your Yes No
Is financial assistance provided	by your school to co	over internships?	☐ Yes ☐ No

[Continue on Next Page]

Please attach a cover letter explaining why you are applying for an internship. In addition, please send us your resume, unofficial transcript(s) from every college/university you have attended, a writing sample of 1,000 words or less (journalism majors), and two letters of recommendation.

All of the information provided is true to the best of my knowledge. I understand that all materials submitted with this application will not be returned and are for the confidential use of the staff in connection with my acceptance and placement in an Internship. I have answered all questions completely and accurately. I understand that any false or misleading statement or omission on this application may be the basis for dismissal from the Internship program. To ensure that other applicants receive full consideration, I will notify the Internship Coordinator immediately if I withdraw my application for any reason.				
Signature:	Date:			
Printed Name:				
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FOR OFFICE USE ONLY COMPLETE:				
CL: RM: WS: TS: L1: L2:	DATE:			