



Application

Tuition: \$2,950

Before applying contact us to assure that there is space in the program.

Download, print and mail:

You may pay the deposit and balance by personal check or credit card through PayPal.

\$950 deposit is due with application. \$2,000 balance must be received by March 15th. For students applying after March 15th full tuition must be paid upon enrollment.

PAYMENT SCHEDULE

The deposit:

- Assures space in the program
- Covers the initial counseling meeting with student to determine areas of career interest
- Includes resume and interview preparation
- Initiates the process of contacting mentors

The balance:

- Covers a comprehensive search and communication to workplace mentors in student's field of interest.
- Establishes an internship in one of student's field choices stated on application.
- Assures Email and phone contact from IC counselor throughout the internship.

Student Information

Student's Name _____

Full Address _____ zip _____

Name of High School or College _____

Current Grade _____ Graduation Year _____

Town and state of School or College _____

Your Current Age _____ Home Phone _____

Cell _____ E-mail _____

Career Interest(s) 1 choice _____ 2 choice _____

Parent or Guardian Information

Name _____ Email _____
Phone _____
Home Address _____ Zip Code _____
Mother's Name _____ Occupation _____
Father's Name _____ Occupation: _____
Spouses address if different _____

Parents and Guardians find that e-mail communication is important when they would like to be informed about their student's participation in the program.

How did you hear about Internship Connection? (Please be specific)

TERMS

1. Deposit of \$950 is due with application.
2. Balance of \$2,000 must be paid by March 15th.
3. There will be no refund if the student or family cancels after IC has established the internship and arranged for the workplace interview.
4. There will be no refund if the workplace mentor asks the student to terminate the internship due to poor behavior or work ethic during the internship.

I agree to terms:

Signature of Parent or Guardian

Date

CONSENT and RELEASE FORM

I, the undersigned _____
(Legal relationship to student, e.g., "parent" or "guardian")

Of _____, do hereby consent to my child's
(name of student)
participation in the Internship Connection program.

I also agree to forever release The Internship Connection, all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in this program of the Internship Connection ("the Releasees") from any and all claims, rights of action, and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in this program of the Internship Connection.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in this program of the Internship Connection.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in this program is voluntary and that my child and I are free to choose not to participate in said program. By signing this Form, I affirm that I have decided to allow my child to participate in this program of the Internship Connection with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in this voluntary Internship Connection Program.

In order to promote and advance career and occupational services for students, it is necessary to educate professional workers, students, and the public about programs available through the Internship Connection. I authorize the Internship Connection to take and/or use my child's photo, video, writing, or testimonial for advertising, display, publicity or other use.

Signed: _____ Date: _____

Parent or Guardian of: _____

I have made a \$950 deposit using a credit card from our website.

or

I have enclosed is a \$950 check for the deposit payable to: Internship Connection

Parent or Guardian has signed the Terms and Consent and Release Form

Mail, email or fax application to: carole@internshipconnection.com Fax: 617-796-9283
Internship Connection, 17 Countryside Road, Newton, MA 02459

Student will be contacted after the application, consent form and payment are received.