



OREGON PUBLIC BROADCASTING

MAYNARD E. ORME INTERNSHIP APPLICATION

NAME _____

ADDRESS _____

_____ ZIP _____

PHONE _____

EMAIL _____

PERMANENT ADDRESS & PHONE (if different from above) _____

_____ ZIP _____

CURRENT SCHOOL _____

ADVISOR/DEPARTMENT _____

ADVISOR PHONE _____

Please list any other internship experiences you have had:

Please give a brief description of your internship goals:
