

2018 SUMMER YOUTH INTERNSHIP PROGRAM PLACEMENT INFORMATION

STUDENT'S NAME _____ ID # _____
SCHOOL NAME: _____ GRADE: ____ (2017-18)
ACADEMY (NAF or other): _____ LEAD TEACHER: _____

The student must meet all eligibility requirements to be considered for program.

This student has been hired by the company below:

Company/Organization: _____

Contact Person: _____ Title: _____

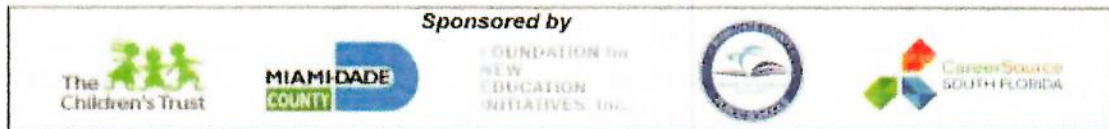
Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Dates of Employment: _____

Method of Payment:

- Company Payroll Full time ____ or Part time ____
- Summer Youth Internship Grant



Career and Technical Education
10151 NW 19th Avenue
Miami, FL 33147
For questions, please call 305-693-3030

For Office Use Only:

Supervisor Assigned: _____

Cell Phone: _____