TEC THE EDUCATION COOPERATIVE
Together We Create More Possibilities

EXTENDED INTERNSHIP PROGRAM

Please type or print

NAME: _____
first middle last

ADDRESS: _____
number street apt. number

_____
town state zip code

HOME PHONE NUMBER(S): _____ CELL PHONE NUMBER(S): _____
NAME OF PARENT/GUARDIAN: _____
DATE OF BIRTH: _____ STUDENT'S EMAIL ADDRESS: _____
SCHOOL: _____ CURRENT GRADE: _____
GUIDANCE COUNSELOR: _____ PHONE: _____
May we contact your guidance counselor directly YES ( ) NO ( )

WHEN CAN YOU BEGIN YOUR INTERNSHIP _____
List three (3) choices of fields in which you would like to do your extended internship:
1) _____

2) _____

3) _____
On a separate piece of paper, or in the lines below, provide a list of any work or volunteer experience you have. (you may provide a resume , if you have one): _____
_____
_____
_____

Please let us know if your school provides you with any of the following:
508 ( ) IEP ( ) other school education accommodations ( ) explain _____

I agree to actively participate in all components of the program, including school-based academics, worksite learning and connecting activities.

_____ _____
SIGNATURE OF APPLICANT DATE

The above student has my permission to participate in the TEC Extended Internship Program.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

Program fee is $900 for students of TEC member towns
$1200 for non-TEC member towns and private school participants.
Post –Grad program fee is $2000 for members and $2600 for non-TEC members

Application should be returned to: Susan Melaugh, Program Coordinator
For more information, call 781-326-2473 X122 or log on to our website: www.tec-coop.org