1112 HIGH STREET, P.O. BOX 186,
DEDHAM, MASSACHUSETTS 02027
PHONE: 781-326-2473 EMAIL: tec@tec-coop.org FAX: 781-251-0874
www.tec-coop.org

TEC POSTSECONDARY INTERNSHIP PROGRAM APPLICATION

Date:

Please type or print

NAME: _____ _____ _____
first **middle** **last**

ADDRESS:

_____
number **street** **apt. number**

_____
town **state** **zip code**

HIGH SCHOOL: _____ **YEAR OF GRADUATION**_____

NAME OF PARENT OR GUARDIAN: _____

COLLEGE STUDENT YES/NO/DEFERRERRED WHERE? _____

HOME TELEPHONE NUMBER: _____ **MOBILE NUMBER:** _____

DATE OF BIRTH_____ **E-MAIL ADDRESS** _____

In what field(s) would you like to do your internships? _____
_____, _____, _____

When are you available to begin your internship? _____
What days of the week are you available to do your internships? _____

Please attach an essay explaining what you hope to gain from this experience and why you want to participate in a post secondary program.

Please attach your resume including a picture of yourself to this application (Be sure to include your work, education and or volunteer experience.)
[} Parent and Student have read and signed this application form in it's entirety.

_____ _____
SIGNATURE OF APPLICANT **DATE**

_____ _____
SIGNATURE OF PARENT/GUARDIAN **DATE**
Email address of parent/GUARDIAN: _____
APPLICATION FEE: $2000 due upon return of application