Highlander Internship Program (HIP) Application Packet

Student Name:

Student ID:

All application packets should be turned in to the Main Office no earlier than Wednesday, April 13 and no later than Friday, April 22.
Highlander Internship Program Proposal

Student Name:

Name of Internship Sponsor:

Name of Organization:

Sponsor Address:

Sponsor Phone Number:

Sponsor Email:

1) Briefly describe what your internship sponsor’s business or organization does.

2) Describe what you will be doing each day. What will be your responsibilities?

3) Why did you choose this internship? What interests you about the organization and the work it does?

4) Is the sponsor listed above your direct supervisor? If not, please provide the name, email, and phone number of your direct supervisor.

5) How will you get to your internship each day? How long do you estimate it will take you to commute? Please indicate “from home” if necessary.

6) What is the dress code at your internship?
Signatures

I have read my child’s Highlander Internship Program proposal, I have spoken to my child’s internship sponsor, and I agree to this proposal.

I understand that my child’s grades will be calculated with all assignments completed as of Friday, May 13, 2022. The only exceptions are outlined in the overview form which can be found on the MHS website.

I understand that failure to complete the presentation on Thursday, May 26, 2022 will prevent my child from participating in senior activities on Thursday, May 26 and Friday, May 27, 2022.

Parent Name
(Printed): ____________________________________________________________

Parent
Signature: __________________________________________________________________

Student
Signature: __________________________________________________________________

Presentation Information

All HIP seniors must participate in a presentation fair on Thursday, May 26, 2022 from 8:00 am - 9:30 am (the times may change slightly due to Convocation) following the completion of the internship. Specific details regarding the location will be determined once the final number of program participants is determined. You will receive additional information on the format of the presentations once all applications have been submitted.
Sponsor Commitment Form - To be completed by your sponsor

McLean High School: Highlander Internship Program - Monday, 5/16 - Friday, 5/20

Student: ____________________________________

Sponsor Name: ____________________________________

Sponsor Business Name: ____________________________________

Sponsor Business Address: ____________________________________

Sponsor Email: ____________________________________

Sponsor Phone: ____________________________________

1) Briefly describe the nature of your organization

2) Please circle only one “career cluster” from the following list:
   ● Agriculture, Food & Natural Resources
   ● Architecture & Construction
   ● Arts, A/V Technology & Communications
   ● Business Management & Administration
   ● Education & Training
   ● Finance
   ● Government & Public Administration
   ● Health Science
   ● Hospitality & Tourism
   ● Human Services
   ● Information Technology
   ● Law, Public Safety, Corrections & Security
   ● Manufacturing
   ● Marketing
   ● Science, Technology, Engineering & Mathematics
   ● Transportation, Distribution & Logistics

3) Briefly describe the role and responsibilities of this intern during the internship period.

4) Please indicate specific hours this intern will be working for you during the internship.

5) Please indicate where this intern will be working.

____________________________________
Sponsor Signature/Title
Highlander Internship Program - 2022
Teacher Signatures

This form *should not be filled out prior to Wednesday, April 13.*

**Teachers:** This student is applying to be part of the 2022 Highlander Internship Program (HIP). In order to be accepted into the program, the student needs to have a cumulative C average by Monday, April 11 (please use semester grade along with their current progress in third quarter to make a determination). Please sign this document if the student has a cumulative C average in your class. If you have any questions about the program, please speak with Sean Rolon, Assistant Principal.

Student Name: _________________________________ Student ID: _________________

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