

Highlander Internship Program (H.I.P.) 2025 Application Packet



Your Name: _____

Student ID Number: _____

NOTE: Please type or print clearly your responses to page 1 of the application (Proposal).

All application packets should be turned in to the Main Office no earlier than Monday, April 7, 2025 and no later than end of school Monday, April 11, 2025.

Week of May 12th:

Are you planning to take any AP tests during this week? _____

If yes, what test(s) on what date and time? _____

NOTE: You will need to take the test as scheduled or miss time from your internship. Please make sure you make your sponsor aware prior to finalizing your internship. HIP is NOT a reason to take a late AP test.

The Highlander Internship Program Proposal
PLEASE TYPE OR PRINT CLEARLY

Your Name: _____

Name of Internship Sponsor: _____

Name of Business/Organization: _____

Sponsor Address: _____

Sponsor Telephone: _____

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 address and telephone number of this supervisor.

5. How will you get to your internship each day? How long do you estimate it will take you to commute?

6. What is the dress code at your internship?

Parent/Custodian 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 May 9, 2025. The only exceptions are outlined in the overview form which can be found on the MHS website.

Parent/Custodian Name

(Printed): _____

Parent/Custodian

Signature: _____

Student

Signature: _____

Presentation Information

All H.I.P. seniors must participate in a presentation fair on **May 30, 2025** following the completion of the internship. Specific details regarding the time and location will be determined once the final number of program participants is determined. In the meantime, please reserve the entire school day. Presentation guidelines are outlined below:

- Each participant must create a Tri-fold board with pictures from the internship experience - Photos required of place of employment and with your direct supervisor - Photos should give us a glimpse into a typical day of your internship
- Questions your trifold board presentation should answer:
 - What did you learn about this company/organization?
 - What did you learn about this career path?
 - What did you learn about yourself?

McLean High School: Highlander Internship Program

5/12/25 - 5/23/25

Sponsor Commitment Form

Student Name: _____

Sponsor Name: _____

Sponsor Business Name: _____

Business Address _____

Sponsor Email: _____

Sponsor Telephone: _____

To be completed by your prospective sponsor:

1. Briefly describe the nature of your organization.

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

3. Please indicate specific hours this intern will be working for you during the internship. Please note, your intern may be committed to taking an AP test(s) during the week of May 12th. If so, please indicate your awareness here.

4. Please indicate where this intern will be working. jeff

Sponsor Signature/Title





Highlander Internship Program - 2025 Teacher Signatures

This form should not be filled out prior to Monday April 15th

Teachers: This student is applying to be part of the 2025 Highlander Internship Program (H.I.P.). In order to be accepted for the program, the student needs to have a cumulative C average at the end of the third quarter for your class. 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 Mr. Jeffrey Barham, Assistant Principal.

Name (Given): _____ **Student ID:** _____

If you are taking an online class you do not need a signature as you are still responsible for that classwork.

Period	Class	Letter Grade Average	Teacher Name	Signature	Date of Teacher Signature
1					
2					
3					
4					
5					
6					
7					

