

EJ Learning, Inc. Summer Camp Internship

*Application Form

*e-mail to ejlearning@live.com or fax to 914-574-5917

1	Name	First _____ Last _____
2	Contact Info.	Phone: () - e-mail: _____
3	Date of Birth*	_____ / _____ / _____ *must be at least 16 years old to apply
4	School level	<input type="checkbox"/> High School Expected Date of Graduation (i.e. 06/12) ____ / ____ <input type="checkbox"/> College Expected Date of Graduation (i.e. 06/12) ____ / ____ <input type="checkbox"/> Other Please provide a short description: _____
5	Please briefly describe any relevant experiences or interests you have that might enhance the internship	

6	Please briefly describe what you hope to gain from interning at EJ Learning, Inc.'s Summer Program
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7	Summer Availability	Session A: 7/5 ~ 7/15 10AM - 12:15PM ___(yes) ___(no) Session B: 7/18 ~ 7/29 10AM - 12:15PM ___(yes) ___(no) Session C: 8/1 ~ 8/12 10AM - 12:15PM ___(yes) ___(no) Session D: 8/15 ~ 8/26 10AM - 12:15PM ___(yes) ___(no)
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*Please check all that apply