



SPRYTE Communications College Intern Application

Date _____

Personal Information

Name _____

College/University _____

Present address _____

Phone number _____

E-mail address _____

Permanent address _____

Major _____ G.P.A. _____ Expected Graduation Date _____

Relevant coursework completed _____

Session desired: Summer ____ Fall ____ Winter ____ Spring ____

How many hours are you available a week? _____

What days of week/times of day are you available?

Desired start date _____ Desired end date _____

Internship Background (SPRYTE Communications, INTERN APPLICATION cont'd)

Why are you interested in an internship at a healthcare communications

firm? _____

Why are you interested in working in Center City Philadelphia? _____

Does healthcare communications interest you as a possible career? If yes, why?

What would you like to gain from your experience? _____

Education

High School _____ Date graduated _____

References

Name	Address	Phone #	E-mail	Years Acquainted
------	---------	---------	--------	------------------

1)

2)

Skills

What special abilities, activities and interests should we know about? _____

Miscellaneous

What news media do you consume on a regular basis? _____

How did you hear about this position? _____

Note: Please email your completed Application and the Work Examples (if available) listed below to SPRYTE CEO Lisa Simon, lsimon@sprytec.com.

Work Examples:

- Writing Sample
- Earned Media Placement (Preferably linked to the writing sample.)
- Social Media Example
- Organizational Document

Thank you for your interest in a SPRYTE College Internship.

