

Brunswick High School Work-based learning
Internship/Work-study and Apprenticeship Program Application

Students interested in one of the Work-based Learning Programs at Brunswick High School are to complete the information below and return the form to Mr. Beavan in room 105 ASAP.

Please **print neatly**

Name: _____ Current Grade _____

Home Phone #: _____ Student Cell Phone #: _____

Student e-mail address (print neatly): _____

Parent/Guardian Name _____ cell _____

Parent/Guardian e-mail _____

Course(s) requested: Circle all of the Position(s) and Blocks you are applying

Mentor/Internship

Work-study

Apprenticeship

Fall 1 2 C 3 4

Fall 1 2 C 3 4

Fall 1 2 C 3 4

Spr 1 2 C 3 4

Spr 1 2 C 3 4

Spr 1 2 C 3 4

If you have been pre-approved by a teacher/employer print their name & have them sign on the line below.

Teacher _____ Signature _____

Participation expectations: Students are expected to have a strong educational background, excellent school attendance and no misconduct issues in order to be a part of this program.

If you have had any referrals this year, what was/were the issue(s)? _____

Once approved by your counselor, you will receive an Agreement form from Mr. Beavan. Complete the Agreement form with all the required signatures and return back to Mr. Beavan in room 105 for final approval.

For office/counselor use only

Cumulative GPA: _____ Cumulative weighted GPA: _____ # of absences last semester: _____

This student has been approved for (circle/indicate block and semester):

Semester 1 Fall Block 1 2 C 3 4

Semester 2 Spring Block 1 2 C 3 4 Counselor signature _____