# Falls Church Internship Program (FCI) Application Packet



**Student Name:** 

Student ID:

All application packets should be turned in to the Main Office no earlier than Monday, April 15 and no later than Friday, April 19, 2024.



## **Falls Church 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?
6) What is the dress code at your internship?



#### **Signatures**

I have read my student's FC Internship Program proposal, I have spoken to my child's internship sponsor, and I agree to this proposal.

I understand that my student's grades will be calculated with all assignments completed as of Friday, May 17, 2024. The only exceptions are academy courses, DE courses, co-curricular requirements (performing arts classes), SOL test requirements, and athletic requirements. If a student is enrolled in one or more of the exceptions, they should speak with their teacher/director/coach.

I understand that failure to complete the presentation on Tuesday, June 4, 2024 will prevent my child from participating in senior activities during graduation week (week of June 3 - June 7).

Parent Name			
(Printed):	 		
Parent			
Signature:	 	 	
Student			
Signature:			

#### **Presentation Information**

All FCI seniors must participate in a presentation fair on Tuesday, June 4 from 8:00 am - 9:30 am (the times may change slightly due as the date approaches) 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**

Falls Church High School Internship Program - Monday, 5/20 - Friday, 5/31

Student:			
Sponsor Name:			
Sponsor Business Name:			
Sponsor Business Address:			
Sponsor Email:			
Sponsor Phone:			
1) Briefly describe the nature of your	organization		
<ul> <li>2) Please circle only one "career clus"</li> <li>Agriculture, Food &amp; Natural Rese</li> <li>Architecture &amp; Construction</li> <li>Arts, A/V Technology &amp; Communication</li> <li>Business Management &amp; Admin</li> <li>Education &amp; Training</li> <li>Finance</li> <li>Government &amp; Public Administration</li> <li>Health Science</li> <li>Hospitality &amp; Tourism</li> <li>Human Services</li> </ul>	nications nistration	<ul> <li>ving list:</li> <li>Information Technology</li> <li>Law, Public Safety, Correction Security</li> <li>Manufacturing</li> <li>Marketing</li> <li>Science, Technology, Engine Mathematics</li> <li>Transportation, Distribution &amp;</li> </ul>	eering &
3) Briefly describe the role and response	onsibilities of this in	tern during the internship perio	od.
4) Please indicate specific hours this	intern will be work	ing for you during the internsh	ip.
5) Please indicate where this intern v	will be working.		
Sponsor Signature/Title			



# Falls Church Internship Program - 2023-2024 Teacher Signatures

#### This form should not be filled out prior to Monday, April 15.

**Teachers:** This student is applying to be part of the inaugural Falls Church Internship Program (FCI). To be accepted into the program, the student needs to have a cumulative C average by Monday, April 15 (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.

Period	Class	Letter Grade/ Average	Teacher Name	Teacher's Signature	Date of Teacher Signature
1					
2					
3					
Advisory					
5					
6					
7					
8					