

Forrestville Valley School District #221

P.O. Box 665 601 E. Main Street, Forreston, IL 61030

Phone: (815) 938 – 2036 Fax: (815) 938 – 9028

SUMMER INTERNSHIP APPLICATION FORM

	rreston High School Student Teacher Assistant Program in order to be eligible for summer internship opportunities.
nme:	Date:
ldress:	
cy, State, Zip Code:	
one Number:	E-Mail Address:
Duration of Seasonal Empl	oyment: Monday through Thursday, 7:45am – 10:15am, June 10*-20 and July 08-25, 2024 *Dependent on School Calendar
ites NOT Available to Work:	
ills or Qualifications:	
rrent college plans in regards to	a career in education:
ost Recent Employer or Voluntee	r Information:
Employer or Organization:	Phone Number:
Employer or Organization: Address: Supervisor: Name:	Phone Number:Phone Number:
Employer or Organization: Address: Supervisor: Name:	Phone Number: References Phone Number:

 ${\bf Please\ submit\ completed\ application\ to\ the\ For rest ville\ Valley\ District\ Office\ by\ March\ 22nd.}$

Date

Signature