



# COLLEGE RADIO BROADCAST

## INTERNSHIP INQUIRY

Please Print Clearly:

### General

Name: \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_  
(First) (Last)

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Other Phone Number: ( ) \_\_\_\_\_

### Personal / Education / Family

Sex: M or F Age: \_\_\_\_\_ Current School Attending:

\_\_\_\_\_  
(Circle one)

Year expected to Graduate: 20\_\_\_\_\_ Degree: \_\_\_\_\_

Currently: Graduate Under-Graduate Ethnicity / Race: \_\_\_\_\_  
(Circle one)

In Case of Emergency Contact and Number:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Other Phone Number: ( ) \_\_\_\_\_

Please explain why you are interested in broadcasting:

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Only Completed Applications Are Accepted  
Return to: KCEP, 330 W. Washington Ave., Las Vegas NV. 89106