



Southwestern Ohio Council for Higher Education



Carroll High School Intern Academy

Student Interest Form

Summer 2021

Please fill out form completely and give to counselor.

Student name (First, Last): _____

Student full address: _____

Year of Graduation from Carroll: _____

Student Birthdate (month/day/year): _____

Student email address: _____

Student cell phone: _____

Preferred work hours: (select one):

_____ part time

_____ full time

Choose occupational areas of interest (check as many as you would like):

_____ Information Technology Assistant

_____ Engineering Assistant

_____ Scientific Assistant

_____ Business Operations Assistant

_____ Human Resources Assistant

_____ Healthcare Assistant

_____ Manufacturing Assistant

_____ Accounting Assistant

_____ Marketing Assistant