



KDKA-TV/WPCW-TV  
One Gateway Center  
Pittsburgh, PA 15222

Dear Student:

Thank you for your inquiry about the KDKA-TV/WPCW-TV Internship Program. We are very proud of the program and feel certain the practical experience you gain will serve you well.

KDKA-TV/WPCW-TV will be conducting internship interviews for the 2010 Winter/Spring semester on Monday, November 30, 2009.

The interviews will be held on that day only at Two Gateway Center, 4th Floor Conference Room.

The welcome and introduction will begin promptly at 10:00AM. Please plan to arrive as close to 10:00AM as possible as you will NOT be allowed enter the interview area prior to that time and we ask that you please not stand around in the hallway.

Previous interns will not be permitted to do a second internship.

Candidates must be a College Junior or Senior (i.e. have completed their sophomore year by the beginning of the internship) to be eligible and must be receiving college credit for the internship.

There are no paid positions in the program.

Please bring **four (4) copies** of each the following with you when you come in for an interview.  
**DO NOT MAIL THESE FORMS TO THE STATION. ANY STUDENT WHO SHOWS UP WITH INCOMPLETE OR MISSING PAPERWORK WILL NOT BE PERMITTED TO INTERVIEW ON THIS DATE.**

1. Completed Application
2. Completed Faculty Sponsor Questionnaire along with their Letter of Recommendation
3. Letter of Recommendation from a previous internship supervisor or from an employer
4. Resume with Cover Letter
5. Writing Sample (a short paper already submitted to class or an essay on "The Value of an Internship" is acceptable)
6. Transcript

Sincerely,

Stella M. Banas  
Market Controller/Human Resources Manager  
KDKA-TV/WPCW-TV



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 One Gateway Center  
 Pittsburgh, PA 15222

## Internship Program Application

Internship for: 2010 Winter/Spring

\_\_\_\_\_  
 Last Name First Name Middle Initial

\_\_\_\_\_  
 Present Address City State Zip

\_\_\_\_\_  
 Permanent Address City State Zip

\_\_\_\_\_  
 Telephone Number(s) Present Cellular Permanent

\_\_\_\_\_  
 Email Address(es)

How did you hear about the CBS Corporation Internship Program?

Have you ever applied to the CBS Corporation Internship Program? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year: \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Overall G.P.A.: \_\_\_\_\_

Internships are available for the following departments.

*Please choose and rank them in order of preference:*

- |  |                                    |
|--|------------------------------------|
| _____ News Assignment Desk                     | _____ Pittsburgh Today Live        |
| _____ Business Reporting                       | _____ Sales Research               |
| _____ Beaver/Butler News Bureau                | _____ Sports                       |
| _____ Commercial Production                    | _____ Sports & Special Programming |
| _____ Web Production                           | _____ Video Production             |
| _____ Health/Medical Reporting                 | _____ Weather                      |
| _____ Hometown High Q/Marketing/Special Events |                                    |
| _____ KD Country                               |                                    |

List how many hours you would be available for each day of the week.

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday



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## Faculty Sponsor Questionnaire

**\*\*\*PLEASE ATTACH A LETTER OF RECOMMENDATION\*\*\***

Student's Name: \_\_\_\_\_

**Will the student receive credits for the internship?**

*(Note: Internships will not be provided unless the student receives credit for that internship).*

Yes \_\_\_\_\_      How Many? \_\_\_\_\_      No \_\_\_\_\_

**What will the student submit as evidence of the field study accomplished at our station?**

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\_\_\_\_\_  
**(Signature of Faculty Sponsor) (College/University)**

\_\_\_\_\_  
**(Please print Sponsor's name) (Title/Department)**

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
**(City, State and Zip)**

\_\_\_\_\_  
**(Area code and phone number)**

**\*\*\*PLEASE ATTACH A LETTER OF RECOMMENDATION\*\*\***