



Lee's Summit West High School
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MARKETING INTERN INFORMATION SHEET
PLEASE RETURN TO ROOM 2070 BY MAY 31ST

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: MO ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT(S) NAMES: _____

Are you currently employed in the job you will use for the internship program?
_____ YES _____ NO

If you answered yes, please give me the following information:

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

OFFICE USE ONLY

_____ GPA _____ CREDITS AS OF MAY 07