

JCAROLINA Journalism INSTITUTE

Directors Assistants

Please fill out and return to CJI Office (Coliseum Room 4009) by May 1.

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
E-mail _____ SS# _____-_____-_____
Home Phone (_____) _____-_____-_____ Cell Phone (_____) _____-_____-_____

HIGH SCHOOL INFORMATION

High School _____ Graduation Year _____

Did you attend CJI while in high school? _____ Yes _____ No

Middle and high school journalism involvement:

Publication Name	Publication Type	Position	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adviser name: _____ Contact info: _____

COLLEGE INFORMATION

College _____ Major _____

College journalism experiences: _____

REFERENCES

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a brief statement telling us why you would like to work for CJI.