

Workership Program

STUDENT INFORMATION REGISTRATION

Employer: _____

Job Title: _____

Direct Supervisor: _____

Phone # _____

email: _____

(Please complete all items and one form for each workership position. This information is for Pratt Northam Foundation use only – this information will not be shared with any other agency or business.)

Student's Name: _____

Home Address: _____

Phone: _____ **E-Mail:** _____

College of Enrollment – Fall 2018 _____

College Major: _____

Year of Study: 1 2 3 4 5 6+

of previous summers in workership position(s) 0 1 2 3 4+

Please fill out and return to the Pratt Northam Foundation by June 15, 2018

This form is also available on our website www.prattnortham.org