

JCC's DISNEY COLLEGE PROGRAM APPLICATION

Please fill out this form completely. Print neatly or type.

Contact Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Disney College Program Information

Semester/Year you wish to participate: _____

Have you applied to the Disney College Program before? _____

Have you participated in the Disney College Program before? _____

Academic Information

Complete the following OR attach a copy of your transcript (obtain a copy via Banner or the Registrar's Office):

Major: _____

Advisor: _____

Credits completed: _____ Credits currently enrolled: _____ GPA: _____

List the college-level classes you have completed: _____

List the classes you're currently taking: _____

Employment Information

Start with your current or most recent job and work your way backward from there. If you have had no or few paying jobs, list community involvement.

Name of company/agency: _____

Address: _____

Phone: _____ Your job title: _____

Supervisor's name and title: _____

Start date: _____ End date: _____

Duties: _____

Reason for leaving: _____

Name of company/agency: _____

Address: _____

Phone: _____ Your job title: _____

Supervisor's name and title: _____

Start date: _____ End date: _____

Duties: _____

Reason for leaving: _____

Name of company/agency: _____

Address: _____

Phone: _____ Your job title: _____

Supervisor's name and title: _____

Start date: _____ End date: _____

Duties: _____

Reason for leaving: _____

Name of company/agency: _____

Address: _____

Phone: _____ Your job title: _____

Supervisor's name and title: _____

Start date: _____ End date: _____

Duties: _____

Reason for leaving: _____

Personal Goals

Please tell us why you're interested in the Disney College Program: _____

JCC's DISNEY COLLEGE PROGRAM APPLICATION

Letter of Recommendation

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant will have access to the information provided below unless s/he has waived such access.

Name of applicant: _____

(Optional) I hereby waive my right of access to the material recorded below.

Signature of applicant: _____

To the recommendation provider: The student named above would like to participate in an internship at Disney in Florida for one semester. This internship requires a high level of maturity, responsibility, and interpersonal skills. Please provide an accurate assessment of this student's readiness to participate in the Disney College Program: _____

	Exceptional	Above Average	Average	Below Average	No Information
Maturity					
Motivation					
Interpersonal Skills					
Responsibility					
Time Management					
Work Ethic					

How long have you known this individual? _____

In what capacity have you known him or her? _____

Recommendation provider information:

Name _____ Title _____

Address _____

Phone _____ Signature _____

Please send completed form to: Jamestown Community College, Attn: Disney Program Internship Coordinator, P.O. Box 20, Jamestown, NY 14702-0020. Thank you.

JCC's DISNEY COLLEGE PROGRAM APPLICATION

Letter of Recommendation

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant will have access to the information provided below unless s/he has waived such access.

Name of applicant: _____

(Optional) I hereby waive my right of access to the material recorded below.

Signature of applicant: _____

To the recommendation provider: The student named above would like to participate in an internship at Disney in Florida for one semester. This internship requires a high level of maturity, responsibility, and interpersonal skills. Please provide an accurate assessment of this student's readiness to participate in the Disney College Program: _____

	Exceptional	Above Average	Average	Below Average	No Information
Maturity					
Motivation					
Interpersonal Skills					
Responsibility					
Time Management					
Work Ethic					

How long have you known this individual? _____

In what capacity have you known him or her? _____

Recommendation provider information:

Name _____ Title _____

Address _____

Phone _____ Signature _____

Please send completed form to: Jamestown Community College, Attn: Disney Program Internship Coordinator, P.O. Box 20, Jamestown, NY 14702-0020. Thank you.