

EIP Application Part I, Required Information

Please use correct capitali Attention to detail is import			ng this application	on.		
1. Application Submis	sion Date					
	MM DD	YYYY				
Today's date:	1					
2. High School						
			High Sch	ool		
Select your High School:					\$	
Other (if not listed above)			1			
3. If applicable, indica acronym such as AVI			ental progra	m in which yo	u are enrolled	I. (Identify by
4. Current Grade						
			Current G	rade		
Current Grade:			+			

EIP Application Part I, Required Information

5. Name:	
First Name	
Middle Initial	
Last Name	
6. Address:	
Mailing Address	
City	
State	
Zip Code	
7. Contact Information	ո։
Home Phone	
Personal Cell Phone	
Other Phone (if applicable)	
Email Address:	

8. Please answer the	following:
Last Four Digits of Social Security #	
·	
Do You Have	
Transportation?	
	EiP
	Executive Internship Program Pinellas County Schools Online Application
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9. List three different of	Pinellas County Schools Online Application t I, Required Information
9. List three different of1.2.3.	Pinellas County Schools Online Application t I, Required Information
9. List three different of1.2.3.	Pinellas County Schools Online Application t I, Required Information career fields that you would like to experience, in order of preference:
9. List three different of1.2.3.10. Check all semester	Pinellas County Schools Online Application t I, Required Information career fields that you would like to experience, in order of preference:



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15. Parent/Guardian Information. In case of emergency, contact:				
Mother's Name				
Home Phone				
Work Phone				
Employer				
Position				
Father's Name				
Home Phone				
Work Phone				
Employer				
Position				



EIP Application Part I

Please continue to the EIP website on the EIP Application page to complete the application process.

Visit: www.pcsb.org/eip