

**CAPITAL'S CAREER
ADVANCEMENT PROGRAM**
Internship Application Packet
Due Date: April 7, 2023



First:		Last:	
Banner ID:		Email:	
Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Major:	GPA:	Graduation Date:	

Verify that completed application package includes:

- Program Application
- Resume
- Unofficial Transcript
- Course Requirements for Major (Degree Evaluation)
- Essay/Prompt (Writing Sample)
- Recommendation or Letter of Reference (One Instructor recommendation required)
- FERPA

For program staff only

Application Received:	Currently employed: F/T__ P/T__ No__
Interview Coaching Session #1:	Interview Coaching Session #2:
Writing Sample Session:	Other:
Interview Site/Date:	Alt. Interview Site/Date:
Comments:	

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As a participant in any one of Capital's Career Advancement Programs (CCAP), it is important that you are 100% committed to your education and career exploration goals. This program will provide you with invaluable hands-on experience in the business world while providing support mechanisms to help you succeed academically and professionally. In return, you are agreeing to make a strong commitment to the program and to your own success. This commitment includes your agreement to the following:

- **Monthly meetings with the CCAP Program Coordinator (1:1)**
- **Monthly Team Meetings** with the CCAP Program Coordinator (cohort meetings)
- **Monthly meetings** with your assigned Academic Mentor (if applicable)
- **Maintaining the cumulative GPA** required for program eligibility
- **Attending all program activities** (professional development, networking functions, etc.)
- **Adhering to all CCAP requirements and standards.** Failure to do so may result in your dismissal
- **Successful completion of the CCAP internship with your original partner organization.** Failure to complete will render you ineligible for any other opportunities under CCAP's direction. Examples of failure to complete include, but are not limited to, termination due to poor workplace or academic performance, resigning while placement is still in effect, or resigning to apply to other CCAP programs.

CCAP is the sole arbiter of these conditions and reserves the right to make changes if necessary.

Applicant Statement of Program Understanding

By submitting this application, I acknowledge and agree that all materials submitted to Capital's Career Advancement Program (CCAP) will be shared with the program's business partner, who will be reviewing this as part of the interview selection process. In addition, I understand my writing sample/essay may be evaluated by college staff as part of the eligibility process.

My signature also certifies that this application and resume have been prepared by me and is complete and accurate. I authorize Capital Community College to release any information needed to assess my eligibility for the CCAP program. I understand that if selected for CCAP, I must apply to the company and meet their internship employment requirements, including a background investigation before being officially accepted into the CCAP program.

Applicant Name (print): _____

Applicant Signature: _____

Date: _____

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City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Major:	GPA:	Graduation Date:	

Citizenship

Are you eligible to work in the United States (US citizen or Green Card)? Yes No

Work History

Employer	Job Title	Dates of Employment
Please Attach Resume...Please Attach Resume...Please Attach Resume		

I am currently unemployed I am employed F/T P/T

List hobbies, special interests, and/or clubs you are involved in:

Current Academic Information

Cumulative GPA:	*CCC Graduate date (Mo/Year):
Past Semester GPA:	Expected 4-Year College:
Degree Program (Major):	Expected 4-Year Major:
Credits Earned to Date:	

* Applicant must have at least two semesters left at the time of program start to qualify for CCAP.

Have you taken the following courses and received a grade of C or better?

MATH 137 (Int. Algebra) Yes No In Progress
 ENG 101 (English Comp.) Yes No In Progress
 CSA 105 (Applications) or CST 201 (MIS) Yes No In Progress

Academic Background

Have you earned a degree and/or certificate from any prior college? Yes No

If yes, please list the degrees/certificates and dates received below.

Are you available to work in your paid internship according to the schedule below?

Summer 2023: 40 hours per week Yes No
Fall 2023 Semester: 16-24 hours per week Yes No
Spring 2024 Semester: 16-24 hours per week Yes No

Goal Statement

This page is a placeholder for your goal statement. Write your Goal Statement on a separate Word document following the guidance below.

How to format your Goal Statement:

- Font type: New Times Roman
- Font size: 12-point font
- Double spaced lines,
- Top right-hand of page:
Name
Date
Goal Statement Title
- 300 words, maximum.

Tips for Writing Your Goal Statement:

Discuss your career and educational goals.
Describe what you will bring to the organization.
Discuss what you hope to gain from this opportunity.

Questions to help you frame the narrative:

- When will you graduate with your associate degree?
- Will you pursue a bachelor's degree? Where? What Major?
- What skills, talents, personality traits, and experiences do you have that will make you successful as an intern?
- Why should the company pick you? Use your challenges and victories along the way in life, education, and work as examples of work ethic and your ability to be resilient, problem solve, and come out on top!

Proofread!
Have someone review for errors!
Edit if necessary and proofread again!

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Reference Request Documentation

The CCAP application process requires recommendations or letters of reference. One recommendation should be from an instructor who has taught a class related to your major. The other recommendation can come from any other instructor (preferred), workplace/volunteer supervisor, or other person who can provide a character reference.

Student Information

First Name:		Last Name:	
Banner ID:		Major:	
Email:		Phone:	

From whom have you requested recommendations?

Please provide their information below. We will contact them to ensure we receive the recommendations necessary for your application packet.

Instructor reference (in Major)

Instructor Name:			
Office Phone:		Email:	
Course Name:			Grade:
Semester Taken	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
			Year 20 _____

2nd Reference (Instructor preferred)

Name:			
Office Phone:		Email:	
Course Taken or Business Name:			Grade:
Semester Taken	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
			Year 20 _____

Student Signature _____ Date _____

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CONSENT FOR THE DISCLOSURE OF EDUCATIONAL RECORDS

I, _____ [**← Student's Full Name**], Student ID @ _____,
hereby authorize Capital Community College and its employees to release the following:

Classes being taken:	Yes _____	No _____
Unofficial transcripts:	Yes _____	No _____
Attendance, grades, and GPA:	Yes _____	No _____
Student Degree Evaluation:	Yes _____	No _____
Account records (tuition, fees, etc.)	Yes _____	No _____

To the following individuals and/or organizations:

- **John C. Thomas, CCAP Program Coordinator**
- **Tim Restall and authorized designees of The Hartford Yard Goats**

Disclosure is made for the following purpose(s):

- **Monitoring academic progress to assure program requirements are met and program benefits and eligibility are retained**

I acknowledge and authorize that photocopies and facsimiles of the original of this Consent for the Disclosure of Education Records, including my signature, shall be recognized as valid as the original.

Printed Name of Student: _____

Signature: _____

Today's Date: _____

DEMOGRAPHIC INFORMATION

Student Name: _____

Please provide the following race and ethnicity data. This information requested is voluntary, for the U.S. Department of Education National Center for Education Statistics. This information is for statistical purposes only, is not provided to CCAP's business partner, and will not affect your application to CCAP.

Ethnicity

- Hispanic or Latino
- Non-Hispanic/ Non-Latino
- Choose not to respond (none)

Race

- African American/Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- White
- Other _____
- Choose not to respond