

ROTARY CLUB OF WEST CHESTER/LIBERTY
CAREER SHADOW DAYS
APPLICATION

APPLICANT'S NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
SCHOOL ATTENDING: _____ GPA _____
GRADE LEVEL: _____

PARENT/GUARDIAN NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

CAREER FIELD OF INTEREST: _____

ON A SEPARATE SHEET OF PAPER, ANSWER THE FOLLOWING
QUESTIONS:

- WHAT SPECIFIC CAREER ARE YOU INTERESTED IN LEARNING MORE ABOUT? WHY?
- HAVE YOU DONE ANY WORK OR TAKEN ANY CLASSES RELATED TO THIS FIELD?
- WHAT MAKES YOU A GOOD CANDIDATE FOR A CAREER SHADOWING APPOINTMENT?

I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE CAREER SHADOW DAYS PROGRAM.
IF ACCEPTED TO THE PROGRAM, I AGREE TO FULFILL ALL OF THE REQUIREMENTS AS NOTED IN THE CAREER SHADOW DAYS BROCHURE.

STUDENT'S SIGNATURE: _____
DATE: _____
STUDENT'S NAME (PLEASE PRINT):

Return applications to:

Rich Sears
Ameriprise
11590 Century Blvd., Su 110
Cincinnati, Ohio 45246