



**Smoky Mountain
Home Education Association**

925 View Harbour Road
Knoxville, TN 37934-7007

Phone: 865-671-3059 (Call for fax)

Email: president@smhea.org

Web: www.smhea.org

SMHEA Internship Application

Student's Name: _____

Parent's Names: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone/s: _____ Cell _____

Student Email Address: _____

Parent Email Address: _____

In a few sentences tell us why you are interested in participating in this program. Use back of this form if you need more space for any of these questions.

List the specific areas that interest you. What skills would you like to develop?

List the skills and areas of expertise that you will bring to the program.

I here by grant permission for my son/daughter _____ to participate in the SMHEA student internship program.

Parent Signature: _____

List any concerns or questions on the back of this form.