Suncoast High School Foundation
Council of Business Advisors

Intern Request Form

Name of Requesting Company: _____

Contact Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Type of Business: _____

Intern timing: ○ Summer ○ ○

Requested Number of Interns: _____

Please describe below the type of work you foresee the intern performing on a daily basis and any special requirements that person may need:

_____

_____

_____

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Please submit this form to: *email to msilvani01@comcast.net or mail to*

Suncoast Community High School
Marie Silvani
P O Box 14272
North Palm Beach, FL 33408