

Mayor's Fellows Program Application

Please type or print in blue or black ink.

Full Name:First		Middle	Last
Address:			
Street			
City		State	Zip Code
Home Phone:		Cell Phone:	
Email Address:		Date of Birth	//
Emergency Contact Name:			
Emergency Contact Phone Number	:		
Year in School:			
Major:			
Graduation Date:			
GPA:	_		
Availability: Desired Session: Fall:	Spring:	Summer:	
Please provide work availability:			
Monday –			
Tuesday –			
Wednesday –			
Thursday –			
Friday –			
Is this internship for class credit?	Yes	No	

If yes, please provide the title of the class?		
Class instructor and email:		
Do you currently have any obligations that would interfere with your internship (i.e. school or social commitments, paying job, etc.)? Yes No		
If yes, please explain:		
Additional Relevant Information Skills applicable to internship		
List specific issues and areas of interest to you:		
Have you served a prior internship? If yes, with whom?		
Academic Information Schools attended, beginning with your current school:		
If you are currently enrolled in College/University, please answer the following:		
Please list any activities or organizations you are involved in as well as any honors you have received:		

Please describe your career objectives:
Please list the names, emails and phone numbers of three references:
Please write a brief paragraph about yourself, including the reasons why you would like to intern in the Mayor's office.