OFFICE OF THE GOVERNOR – INTERNSHIP APPLICATION

APPLICANT INFORMATION						
Name:						
Email: Phone:						
Current address:						
Permanent address:						
I am applying for the	following session: Circle One		FALL (Sept – De	c) SPI	RING (Jan – Apr)	SUMMER (May – Aug)
COLLEGE/UNIVERSITY INFORMATION						
College/University: Major:						
School Address:						
Year of Graduation:		Will you receive credit for this internship? Circle One YES NO				
Advisor Name:		Advisor Phone:				
Advisor Email:						
SCHEDULE AVAILABILITY						
Monday	Availability:					
Tuesday	Availability:					
Wednesday	Availability:					
Thursday	Availability:					
Friday	Availability:					
LEADERSHIP EXPERIENCE AND ACTIVITIES						
RECOGNITION						
Please describe any special achievements, awards and/or recognition that you have received:						
SUPPORTING DOCUMENTATION						
Please mail or email completed application and the following documents:						
Cover Letter Current Resume Two letters of recommendation						
Mail: Office of the Governo Attn: Internship Coord P.O. Box 83720 Boise, ID 83720-0034 Email: nate.fisher@g Website: www.gov.i	dinator 1 1 <u>ov.idaho.gov</u>	Neto 51-1				