

Participant Information
Tennessee Legislative Internship Program

Please type or print in black ink

Supply information to the best of your ability.
Answers are subject to verification.

Date: _____

Social Security Number

Questions left blank or improperly filled out
may cause delay or disqualification.

NAME _____
(Last name, first name, middle name or initial)

COLLEGE OR UNIVERSITY _____

YOUR ADDRESS ON **CAMPUS** _____
(number, street)

(city, zip code)

E-MAIL ADDRESS _____

HOME ADDRESS _____
(Number, street)

(City, zip code)

CAMPUS PHONE NUMBER _____ **HOME PHONE NUMBER** _____

CELL PHONE NUMBER _____

COUNTY/STATE IN WHICH YOU ARE REGISTERED TO VOTE _____

PLEASE LIST THE **STATE HOUSE AND SENATE MEMBERS** FROM YOUR VOTING DISTRICT:

HOUSE _____ SENATE _____

BIRTHDATE _____ (optional, not required)

POLITICAL PARTY PREFERENCE (optional, not required information) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____ (If yes, give date, charge, place, court and action taken.
You may omit any offense committed before your 18th birthday adjudicated in Juvenile Court or any conviction expunged under Federal or State Law.)

Application for the Tennessee Legislative Internship Program

NAME _____

(Last name, first name, middle name or initial)

COLLEGE OR UNIVERSITY _____

OCCUPATIONAL GOAL _____

HIGH SCHOOLS ATTENDED, NAMES AND DATES _____

COLLEGES OR UNIVERSITIES ATTENDED, NAMES AND DATES ATTENDED _____

GRADE LEVEL AS OF DATE OF APPLICATION: JUNIOR _____ SENIOR _____ GRADUATE STUDENT _____

TOTAL CREDIT HOURS COMPLETED TO DATE _____

CURRENT GPA _____

SCHEDULED DATE OF GRADUATION _____

DEGREES HELD _____

MAJOR FIELD OF STUDY _____

MINOR FIELD OF STUDY _____

LIST THE MAJOR COLLEGE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED. ALSO LIST ANY MAJOR AWARDS OR RECOGNITION RECEIVED _____

EMPLOYMENT EXPERIENCE (Position, place, location, dates. Include active military duty.)_____

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR THE TENNESSEE LEGISLATIVE INTERNSHIP PROGRAM?
YES_____ NO_____ IF "YES", WHEN?_____

HAVE YOU PREVIOUSLY PARTICIPATED IN ANY OTHER GOVERNMENTAL INTERNSHIP PROGRAM?

YES_____ NO_____ IF SO, EXPLAIN_____

PLEASE LIST ANY OTHER ACTIVITIES IN WHICH YOU HAVE PARTICIPATED THAT YOU BELIEVE BEAR ON YOUR QUALIFICATIONS TO PARTICIPATE IN THE LEGISLATIVE INTERNSHIP PROGRAM. (Describe nature of your participation, including any awards or recognition.)_____

STATE YOUR PURPOSE IN APPLYING FOR THE PROGRAM AND WHAT YOU HOPE TO LEARN FROM THE EXPERIENCE_____

PLEASE SUBMIT A TWO- TO THREE-PAGE TYPEWRITTEN AUTOBIOGRAPHY WITH YOUR APPLICATION. THE PURPOSE OF THIS REQUIREMENT IS TO PERMIT THE SELECTION COMMITTEE TO LEARN MORE ABOUT YOU AND TO EVALUATE YOUR WRITING SKILLS.

PLEASE LIST THE NAMES OF THE PEOPLE THAT WILL BE COMPLETING A FACULTY APPRAISAL FORM FOR YOU:

IF I AM SELECTED AS AN INTERN, I UNDERSTAND THAT I MUST BE ENROLLED IN A REGULAR DEGREE PROGRAM DURING THE TERM OF THE INTERNSHIP AND THAT NO REGULARLY SCHEDULED CLASSES CAN BE ATTENDED DURING THE APPOINTMENT PERIOD.

I FURTHER UNDERSTAND IN SIGNING, THAT MY FULL TIME IS OBLIGATED FROM THE MONDAY PRECEEDING SESSION (the second Tuesday in January) UNTIL MAY 31 OF THE SAME YEAR OR ONE WEEK AFTER THE ADJOURNMENT (or significant recess preparatory to adjournment) OF THE LEGISLATIVE SESSION, WHICHEVER OCCURS FIRST.

SIGNED _____ DATE _____