

APPLICATION FOR "CITY FELLOWS" INTERNSHIP PROGRAM		
PERSONAL INFORMATION		
Name:		
Date of birth:	Cell Phone:	Email:
Street Address:		
City:	State:	ZIP Code:
ACADEMIC INFORMATION		
Classification (Summer 2020): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
Major:		Cum GPA:
Minor:		Expected Graduation:
Sam ID:		
BY SIGNING BELOW, I GRANT PERMISSION TO UNIVERSITY STAFF: (1) TO CONSULT WITH MY REFERENCES, PROFESSORS, AND OTHER UNIVERSITY OFFICIALS TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE, AND (2) TO DISCLOSE TRANSCRIPTS, RESUME, AND OTHER RELEVANT INFORMATION TO PROSPECTIVE INTERN AGENCIES TO ASSESS MY QUALIFICATIONS AS AN INTERN CANDIDATE. MY SIGNATURE ON THIS APPLICATION ATTESTS TO THE FACT THAT ALL INFORMATION INCLUDED IS TRUE.		
Applicant Signature:		Date:

Additional Requirements:

- 1) One-page copy of your resume. Please use the template offered on the website.
- 2) Include two references, including their (a) name, (b) position and company, and (c) phone number.

Please submit your completed, signed application form and additional required documentation to:

"City Fellows" Internship Program
c/o Mike Yawn, SHSU Box 2149
Political Science Department (Office: CHSS 477)
936.294-1456 / mike.yawn@shsu.edu