



Participant Information Tennessee Legislative Internship Program

All applications, appraisals, and documents must be submitted online by faculty representative.

Date: _____

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

NAME _____
(First name, middle name or initial, last name)

COLLEGE OR UNIVERSITY _____

YOUR ADDRESS ON **CAMPUS** _____

E-MAIL ADDRESS _____

HOME ADDRESS _____

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: _____
(First name, middle name or initial, last name)

COLLEGE OR UNIVERSITY: _____

STUDENT IDENTIFICATION NUMBER: _____

OCCUPATIONAL GOAL:

HIGH SCHOOLS ATTENDED, NAMES AND DATES:

COLLEGES OR UNIVERSITIES ATTENDED, NAMES AND DATES:

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 including 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 LIST THE NAMES OF THE PEOPLE WHO WILL BE COMPLETING A FACULTY APPRAISAL FORM FOR YOU:

PLEASE SUBMIT A TWO- TO THREE-PAGE TYPEWRITTEN AUTOBIOGRAPHY WITH YOUR APPLICATION. THE FILE SHOULD BE SUBMITTED SEPARATELY AS EITHER A PDF FILE OR WORD DOCUMENT. THE PURPOSE OF THIS REQUIREMENT IS TO PERMIT THE SELECTION COMMITTEE TO LEARN MORE ABOUT YOU AND TO EVALUATE YOUR WRITING SKILLS.

PLEASE CHECK YOUR AREAS OF INTEREST

- | | | |
|---|---|---|
| <input type="checkbox"/> PUBLIC HEALTH | <input type="checkbox"/> CORRECTIONS | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> LABOR |
| <input type="checkbox"/> CONSUMER PROTECTION | <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> ENVIRONMENTAL PRESERVATION |
| <input type="checkbox"/> INSURANCE | <input type="checkbox"/> STATE BUDGET | <input type="checkbox"/> JUDICIAL PROCEEDINGS |
| <input type="checkbox"/> STATE AND LOCAL GOVERNMENT | <input type="checkbox"/> SOCIAL WELFARE | <input type="checkbox"/> GOVERNMENT OPERATIONS |
| <input type="checkbox"/> CHILDREN AND FAMILY ISSUES | <input type="checkbox"/> TOURISM | |

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 COMPLETING THE SIGNED AREA BELOW, THAT MY FULL TIME IS OBLIGATED FROM THE MONDAY, JANUARY 13, 2024 UNTIL FRIDAY, May 2, 2024.

SIGNED _____ DATE _____