

National Internship Program Application Form

Location and Date

The Great Divide Ranch, Montana

(Contact the National Internship Coordinator for information on positions available.)

When would you begin your internship? Internships are for 10 full weeks.

____/____/____
Month Day Year

Contact Information

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone _____ E-Mail Address _____

Effective Until ____/____/____

Permanent Address _____
Street City State Zip Code

Permanent Phone _____ US Citizen? Yes No

Academic Information

College/University _____ Expected Graduation Date ____/____/____

Major _____ Minor _____ GPA (on 4.0 scale) _____

Will you be receiving credit for this internship? Yes No Unknown

If yes, please include, on a separate sheet of paper, the number of credits you will be receiving, the department awarding the credit, and your advisor's name, address, phone, fax number, and email address.

Other Information

The answers to the questions below are for statistical and administrative purposes only and are optional.

Do you have any disability or medical condition of which Project Vote Smart should be made aware of, because of our remote location?

If yes, please explain on a separate sheet.

Yes
 No

