



## Local Government Internship Program (LGIP)

### Personal Data

Student Name: \_\_\_\_\_ Sex: \_\_\_M\_\_\_F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ College \_\_\_\_\_ UFID: \_\_\_\_\_

Major/Graduate Program: \_\_\_\_\_ \*GPA: \_\_\_\_\_ Year: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Current Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

\*2.75 is the minimum GPA accepted for the LGIP Internship

Please indicate the earliest date you can start the summer internship: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle the category that pertains to you:

Hispanic   Latino   American Indian/Alaska Native   Black/African American   White

Asian   Native Hawaiian or other Pacific Islander   Not Disclosed

*Extracurricular Activities: (List major leadership positions and service efforts completed at UF and in the community).*

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Please list geographic locations preferred in rank order up to three (first preference to last).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you willing to accept an unpaid internship outside of Alachua County?

YES                      NO

*In the space provided below, please provide a response on why you are interested in this program, what particular skills and talents you have that would make you a good candidate, and what you hope to gain from the experience (you may use the back of this page if necessary).*

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*Work Experience:*

Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor: \_\_\_\_\_

*References*

1) Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

*Please attach to this form: 1) Resume 2) One letter of recommendation 3) **OPTIONAL one** additional sheet, if needed, for extracurricular, personal statement or work experience information that did not fit on this form.*