



## 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:						
*2.75 is the minimum GPA accepted	for the LGIP	Internship				
Please indicate the earliest date you	can start the	summer interr	nship:/	/		
Please circle the category that pertain	ins to you:					
Hispanic Latino American India	an/Alaska Na	tive Black/Afr	rican American W	hite		
Asian Native Hawaiian or other P	acific Islande	r Not Disclos	ed			
Extracurricular Activities: (List major community).	, ,					

lease list	geographic locations preferred in rank order up to three (first preference to last).
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re you w	illing to accept an unpaid internship outside of Alachua County?
'ES	NO
articular	ce provided below, please provide a response on why you are interested in this program, what skills and talents you have that would make you a good candidate, and what you hope to gain experience (you may use the back of this page if necessary).

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						
	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** <u>one</u> additional sheet, if needed, for extracurricular, personal statement or work experience information that did not fit on this form.