

# APPLICATIONS ARE DUE THURSDAY, FEB. 28, 2019



## ***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. 

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2. 

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3. 

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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:*

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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.*