



## 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**

PUBLIC HEALTH	CORRECTIONS	TRANSPORTATION
MENTAL HEALTH	EDUCATION	LABOR
CONSUMER PROTECTION	AGRICULTURE	ENVIRONMENTAL PRESERVATION
INSURANCE	STATE BUDGET	JUDICIAL PROCEEDINGS
STATE AND LOCAL GOVERNMENT	SOCIAL WELFARE	GOVERNMENT OPERATIONS
CHILDREN AND FAMILY ISSUES	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 8, 2018 UNTIL FRIDAY, APRIL 27, 2018.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_