

APPLICATION FOR WHITE HOUSE INTERNSHIP COVER PAGES

Please type or print legibly.

Please number in order of preference which sessions you are applying for and indicate days and hours available.

Spring 2000 Session _____
(January 11 – May 5, 2000)
Deadline: November 1, 1999

Summer 2000 Session _____
(May 17 – August 25, 2000)
Deadline: February 15, 2000

Fall 2000 Session _____
(September 4 – December 22, 2000)
Deadline: June 23, 2000

Note: Application deadlines represent the date by which early decision candidates must submit their application. Following those deadlines applications will be reviewed on a rolling basis.

Summer Internships are full time. Internships in the fall and spring have a commitment of 3 days/ 25 hours per week.

PERSONAL INFORMATION

Full Name: _____

Today's Date:

Date of Birth: _____

Social Security #: _____ - _____ - _____

Male Female

Place of Birth: _____
City State

U.S. Citizenship yes _____ no _____

Current Address:

Permanent Address:

Current Phone: _____

Home Phone: _____

Are you a registered voter? _____ If yes, in what state: _____

Prior Campaign/Political Experience: _____

How did you hear about the White House Intern Program? _____

ACADEMIC INFORMATION

College/University:

School's
Address: _____

Select One: Undergraduate Masters/Graduate Degree Doctorate Not presently a student

Year of Graduation: _____ GPA: _____ Major: _____

OFFICE PLACEMENT

Please list in order of preference the four offices that most interest you.

Efforts will be made to accommodate preferences; however, no guarantees can be made.

1) _____ 3) _____

2) _____ 4) _____

Check this box if you want your application to be considered solely under the competitive service criteria.
(See: Funding Guidelines for details)

PRELIMINARY SECURITY QUESTIONS

1. Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you by your school or are any pending? __Yes __No

2. Have you ever been charged with or convicted of any criminal offense, DWI or misdemeanor offense? __Yes __No

3. Have you ever used, possessed, supplied or manufactured any illegal drugs? __Yes __No

If you answered "Yes" to any questions mentioned above, please explain and include the dates of the actions on a separate page.

CERTIFICATION THAT MY ANSWERS ARE TRUE

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that falsification of any of my answers will lead to the rejection of my application or immediate dismissal from the program.

Signature

Date

