

Africa Program Communications Internship Application

Please complete the following form and send in with cover letter and resume. Please save this file as a pdf with the file name "YourLastName Spring/Summer/Fall Internship Application Form"

Name: _____ Telephone: _____

E-mail address: _____ Best time to contact you: _____

College/University: _____ Major: _____

Current GPA: _____ Graduation Date: _____

Country of Citizenship: _____

Visa status (if not U.S. Citizen): _____

Only current F-1 or J-1 visa holders are eligible to apply. International students must include a work authorization letter from their Designated School Official or Responsible Officer for visas at their university in the United States stating that they are in valid immigration status and eligible to work.

Language & Computer Skills:

How long are you available for an internship? _____

Hours available: Full time Part-time

For part-time, indicate days/hours: _____

I am applying for a:

_____ Summer Internship – Applications are due by June 5

Signature

Date

*1300 Pennsylvania Avenue, NW • Washington, D.C. 20004-3027
Telephone: (202) 691-4310 • Fax: (202) 691-4001*