Africa Program Internship Application

Please complete the following form and submit with cover letter and resume. Please save this file as a pdf with the file name "YourLastName Spring/Summer/Fall Internship Application Form" Please send your complete application – cover letter, resume, and this form – to "africa@wilsoncenter.org"

Name:	Telephone:
E-mail address:	Best time to contact you:
College/University:	Major(s):
Minor(s):	
Check One: BA BS MA MS MP	γA
Current Standing (check): Freshman Sophomore	Junior Senior Graduate
Current GPA: Graduation Da	ite:
Country of Citizenship:	
Visa status (if not U.S. Citizen): *Only current F-1 or J-1 visa holders are eligible to apply. authorization letter from their Designated School Official of United States stating that they are in valid immigration state Foreign Language & Computer Skills:	r Responsible Officer for visas at their university in the
For how long are you available for an internship (dates/mor	nths)?
<u>Availability</u> Interns must be available to work a total of 20 hours per we least three days per week , and this should include at least given to interns who are able to work within the Wilson Cen Monday through Thursday . Applicants who are unable to will not be considered.	4 hours on Tuesday mornings . Preference will be nter operating hours of 9:00am and 5:30pm,
Remote and Hybrid Status	
This internship is offered as a remote position for applicant, person an estimated 1x per week) for local applicants. Internduring Wilson Center's working hours.	
Please indicate your days/hours of availability:	

Mondays:	Tuesdays:
Wednesdays:	Thursdays:

Please list any previous internships that you have held:

I am applying for a (check):

(Please see application deadlines for each term on the Africa Program Internship webpage)

_____Spring Internship _____Summer Internship _____Fall Internship

Signature

Date

1300 Pennsylvania Avenue, NW • Washington, D.C. 20004-3027 Telephone: (202) 691-4046 • Fax: (202) 691-4001