

Application Process

- 1- Student must complete the 2016 Georgia Legislative Internship Application Form
 - a. **Included with the application, the student must also submit:**
 - i. Two to five page essay (Details on application)
 - ii. Transcript
 - iii. Three to five completed Reference Forms
 - iv. Current resume
- 2- Completed application must be submitted to the Georgia Tech Office of Government and Community Relations by Thursday, October 1, 2015 at noon.

Betsy Jackson, Associate Director
Government and Community Relations, Georgia Tech
betsy.jackson@gatech.edu
A. French Building, Suite 15
237 Uncle Heinie Way
Atlanta, GA 30332-0392

- 3- Applicants will be notified, by email, regarding interviews, which will be held the first week of October.
- 4- Important dates and deadlines:

Application Deadline: Thursday, October 1, 2015 at noon

Candidate Interviews: Thursday, October 8, 2015

Placement Interviews: Tuesday, December 15, 2015 and Wednesday, December 16, 2015

Orientation: Wednesday, January 6, 2016 through Friday, January 8, 2016

First Day of Session: Monday, January 11, 2016

2016 GEORGIA LEGISLATIVE INTERN PROGRAM

Application Form

| | | | |
|---|--|--------------------------------|----------------|
| Instructions: | <p>All application materials must be submitted to the Georgia Tech Office of Government and Community Relations by Thursday, October 1, 2015 at noon.</p> <p>Send the original and two copies of:</p> <ul style="list-style-type: none"> • Completed application form • Two to five page essay indicating how your studies and experiences have prepared you to participate in the internship program, what you expect to gain from the program, and specific knowledge and skills you will contribute. • Current resume <p>Transcripts and reference forms must be mailed or emailed directly to Betsy Jackson (betsy.jackson@gatech.edu) by the respective schools or references.</p> | | |
| Name | | School/Student ID # | |
| Current/School Address | | | |
| Permanent Address | | | |
| Phone | (Cell) | (Home) | |
| Email Address (Most frequently checked) | | | |
| Are you a legal resident of Georgia? | | | |
| County of legal residence | | Date and place of birth | |
| In which state are you registered to vote? | Georgia | Other | Not registered |
| <p>Instructor supervision is required. Please give the name, department, school, and phone number of the professor who will supervise your internship.</p> | | | |
| <p>Diana Hicks School of Public Policy Georgia Tech 404-385-6015</p> | | | |
| <p>List colleges and professional schools attended (current enrollment first).</p> | | | |
| Institution and location | Major | Inclusive Dates | |
| | | | |
| | | | |
| | | | |
| Current Status: (junior, senior) | | | |
| Total hours completed: | | | |

| | | | |
|---|--|----------------------------|--|
| Expected date of graduation: | | | |
| Major: | | | |
| Minor: | | | |
| Academic grade point average: | | Point system used: | |
| Undergraduate honors: | | | |
| <p>I hereby certify that I am a legal resident of the state of Georgia. If selected, I hereby agree to abide by the rules and policies of the Georgia Legislative Internship Program.</p> | | | |
| <p>_____</p> <p>(Signature of applicant)</p> | | <p>_____</p> <p>(Date)</p> | |

2016 GEORGIA LEGISLATIVE INTERN PROGRAM

REFERENCE FORM

APPLICANT: Fill out this section only. (If not completed, file will be treated as confidential.) Under the provisions of the federal Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements

****You must have at least three but no more than five references. Include at least two professors (not TAs or grad students) who**

Below information is to be filled out by the Applicant (Student).

Confidential File: I grant permission for this reference form and the accompanying letter or statement to be held confidential,

Open File: I retain the choice of having this reference form and accompanying letter or statement available to me.

Below information is to be filled out by the Reference.

Name of Applicant:

How long have you known the applicant?

In what capacity?

Has the applicant taken a course from you?

Please rate the applicant in comparison with others you have known in a similar capacity.

| | Below Average | Average | Above Average | Truly Exceptional | Unable to Judge |
|------------------------------------|------------------|---------|------------------|----------------------|--------------------|
| Research Skills | | | | | |
| Intellectual and analytical skills | | | | | |
| Speaking ability | | | | | |
| Writing ability | | | | | |
| Maturity | | | | | |
| Acceptance of Responsibility | | | | | |
| Determination | | | | | |
| Self-motivation | | | | | |
| Ability to get along with others | | | | | |

In addition to checking the above factors, it is essential to include a statement indicating the overall strengths and weaknesses of the applicant. (Please attach a letter to this form.)

Signature

Date

Name (please print)

Phone

Title