



**STATE OF CONNECTICUT
STATE ELECTIONS ENFORCEMENT COMMISSION
20 Trinity Street Hartford, Connecticut 06106—1628**

Elections Public Policy Internship Program Application

Name: _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone Number () _____

E-Mail Address: _____

School Attending This Semester _____

Degree Sought _____

Major _____ Minor _____

Freshman _____ Sophomore _____ Junior _____ Senior _____

Graduate _____ Law Student _____ Other _____

Grade Point Average:

Overall _____ Major _____

Date Available to Start: _____

Days and Times Available: _____

Number of academic credits you will receive for Internship: _____

| |
|---------------------------------------|
| Advisor's Name _____ |
| Telephone Number () _____ |
| E-Mail Address: _____ |

What academic courses have you taken that have prepared you for this internship?

What additional activities or experiences have you had that you believe will assist you during this internship?

What are you hoping to gain from this internship?

| |
|---|
| Applicant Signature _____ Date: _____ |
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