

**Office of the Lt. Governor  
State of Connecticut  
Internship Program Application**

Last Name, First Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Gender (optional): Male \_\_\_\_\_ Female \_\_\_\_\_

Race (optional): White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_  
Asian \_\_\_\_\_ American Indian / Alaskan Native \_\_\_\_\_

Emergency Contact Name & phone number: \_\_\_\_\_

School or University Name & address: \_\_\_\_\_

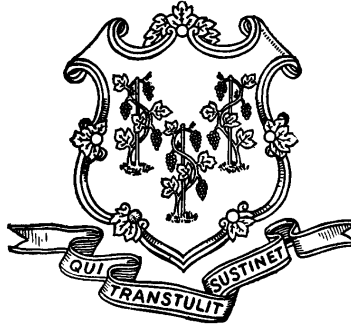
Academic Advisor Name & Phone Number: \_\_\_\_\_

Internship you are applying for:

\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Please submit with completed application:

- \_\_\_ Resume
- \_\_\_ Cover Letter
- \_\_\_ Letter of recommendation from a Professor/Academic Advisor



**Office of the Lt. Governor  
State of Connecticut  
Internship Program Application**

Current Degree Program: \_\_\_\_\_

Major: \_\_\_\_\_

What are your career goals?

---

---

---

---

---

---

---

---

---

---

How will an internship in the Lt. Governor's Office assist you in achieving the above goals?

---

---

---

---

---

---

---

---