

**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 _____ Non-binary _____

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

Emergency Contact Name & phone number: _____

School or University Name & address: _____

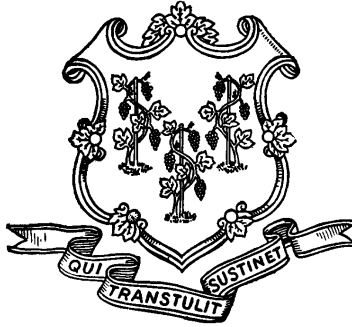
Academic Advisor Name & Phone Number: _____

Internship you are applying for:

_____ Fall _____ Spring _____ Summer

Please submit with completed application:

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



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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?
