



INTERNSHIP PROGRAM APPLICATION

This form must be completed by all applicants and submitted with the following:

- Applicant Resume
- Cover Letter
- References List

Applicants may submit other documentation as may be required by their college or university programs.

PERSONAL INFORMATION	APPLICANT NAME		DOB
	COLLEGE/UNIVERSITY		CLASS YEAR
	APPLICANT STREET ADDRESS		
	CITY	STATE	ZIP
PHONE		E-MAIL ADDRESS	

PROGRAM INFORMATION	PROGRAM SEMESTER (PLEASE CHECK ONE)		PROGRAM YEAR
	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Other _____		
	AVAILABLE DATES (START AND END DATES)		HOURS PER WEEK
	AVAILABLE DAYS OF WEEK		
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
	HOW DID YOU DISCOVER OUR PROGRAM?	PART OF A WASHINGTON SEMESTER PROGRAM?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please complete this form and submit with your resume and cover letter to
Donna Tappin - Director of Operations
 1401 K Street NW, Suite 200, Washington, DC 20005
 E-mail: tappin@dga.net Fax: (202) 772-5602