



WASHINGTON WORKSHOPS FOUNDATION

# 2010 WASHINGTON INTERNSHIP EXPERIENCE

*Summer Internships for High Schools Students in Washington, D.C.*

THIS FORM MAY BE DUPLICATED OR DOWNLOAD ADDITIONAL FORMS AT WORKSHOPS.ORG

PLEASE SUBMIT COMPLETED ENROLLMENT FORM WITH TWO LETTERS OF REFERENCE,  
CURRENT RESUME, ESSAY AND \$500 DEPOSIT (REFUNDABLE IF APPLICANT IS NOT ACCEPTED).

## STUDENT INFORMATION (PLEASE PRINT)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
Last First

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone (cell): (\_\_\_\_) \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Current High School Government, History or Civics Teacher: \_\_\_\_\_

Name of Current High School Guidance Counselor: \_\_\_\_\_

Year in School:  Soph.  Jr.  Sr. Grade Point Average: \_\_\_\_\_

Extracurricular Activities (sports, student government, leadership, profession development, drama, debate, etc.) \_\_\_\_\_

Your Member of Congress (U.S. House of Representatives): \_\_\_\_\_

I have read this application, the 2010 Washington Internship Experience Brochure and Seminar Standards. I agree to the payment and cancellation policy; the Terms and Conditions and the Seminar Standards.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN

I undersigned represent that I am the parent/legal guardian of the student above and hereby agree that said child/ward may participate in this Washington Internship Experience. I have read this application, the 2010 Washington Internship Experience Brochure and Seminar Standards and agree to the payment and cancellation policy; the Terms and Conditions and the Seminar Standards.

Parent/Legal Guardian Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Last First

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.**

Mail or fax along with deposit and additional enrollment materials to:  
The Washington Workshops Foundation, 3222 N Street, NW, Suite 340, Washington, D.C. 20007  
Phone: 800-368-5688 · Fax: 202-965-1018 info@workshops.org · www.workshops.org



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(CONTINUED)

## INTERNSHIP PLACEMENT INFORMATION

Career area (choose one):

- U.S. Government, Policy and International Affairs     Science, Technology, Healthcare and the Environment  
 Law, Education and Advocacy     Individualized Placements (specify career area): \_\_\_\_\_

With regards to your placement, please list three areas of interest or career goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With regards to your placement, do you have a strong political preference for any of the following?

- Democrat     Republican     Independent     No preference

Please list 5-10 offices, agencies or organizations that you would like to intern with (senate offices, house offices, congressional committees, international organizations, non profits, NGOs, federal agencies, private sector) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to apply for:     Three Weeks     Four Weeks     Five Weeks     Six Weeks

Seminar Date Preference (any 3, 4, 5 or 6 week period between June 13 and July 23, 2010, all programs begin on Sunday and end on Saturday)

#1 \_\_\_\_\_ #2 \_\_\_\_\_

## PAYMENT INFORMATION

A \$500 deposit is required with this form to finalize enrollment. You may expect to receive bills for the additional and final payments.

Check Enclosed, Amount \$ \_\_\_\_\_

Credit Card Payment Enclosed, Amount \$ \_\_\_\_\_ Credit Card Type:  Visa     Master Card

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Address of Credit Card Holder: \_\_\_\_\_

Credit Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EACH APPLICATION SHOULD BE SUBMITTED WITH THE FOLLOWING INFORMATION:

- \$500 Deposit (Fully refundable if the applicant isn't accepted into the program)
- Typed Resume
- 1 Letter of Character Reference
- 1 Letter of Academic Reference
- One page typed essay titled "Why I Want To Be a Washington, D.C. Intern"
- Completed and signed enrollment form

How did you learn about the Washington Internship Experience? \_\_\_\_\_  
\_\_\_\_\_

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