Institute for Leadership and Public Policy

Public Leadership Internship Program

***APPLICATIONS FOR FELLOWSHIP***

**DEADLINE:**

**April 20, 2018, 500pm**

**APPLICATION REQUIREMENTS:**

[ ]  Completed Application: All sections must be completed and signed.

[ ]  Resume: Must be current and completed.

[ ]  Personal Statement: 1-page personal statement on why you are interested in the fellowship and what careers you are considering in the public and/or non-profit sector.

[ ]  College Transcripts: Copies are acceptable. Your name must appear on the document.

**ELIGIBILITY:**

[ ]  Must be a major or graduate student in the College of Social Sciences

[ ]  For undergraduates, completed a minimum of 60 units and have junior standing

[ ]  Minimum 3.0 GPA in major

[ ]  Considering a public-service oriented career

**TO APPLY:**

All applications must be received by the specified date. NO EXCEPTIONS. Submit in person to:

**Institute for Leadership and Public Policy**

**FELLOWSHIP APPLICATION**

College of Social Sciences

Social Science 108

Please contact Professor Jeff Cummins at jcummins@csufresno.edu if you have questions regarding the program.

All decisions of The Institute for Leadership and Public Policy are final and confidential. Applications become the property of the Institute; and, if selected, may be distributed to participating offices. Applications that are incomplete or submitted after the deadline will **not** be considered.

**I. PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| First Name:  | Middle Initials: | Last Name: |
|
|
|
| College: | Major and Major GPA: | Graduation Date: |
|
| Student IDNumber:  |
|
| Mailing Address: | City: | State: |
|
|
|
| Permanent Address: | City: | State: |
|
|
|
| Home/Cell Phone: | Work Phone: |
|
| \* Personal E-mail: | \* CSU E-mail: |
|
|
| Can you read and speak Spanish? [ ]  Yes [ ]  No |
| \*Specify a preferred e-mail by which the Institute can contact you. |

**II. SIGNATURE REQUIRED.**  I certify that all of the statements contained in my application are true, complete, and correct to the best of my knowledge. I am prepared, in good faith, to fulfill all components of The Institute for Public Policy and Leadership Program.

|  |  |
| --- | --- |
| NAME: | DATE: |

**III. REFERENCES**

Please list at least 3 individuals who will serve as a reference. Include at least 1 faculty member and 1 current or former employer. Do not reference family members or friends. All fields must be filled.

|  |  |
| --- | --- |
| 1. Last Name:  | First Name: |
|
|
| Address: |
|
|
| Phone: | E-mail: |
|
|
| Relation (faculty, employer, etc.): |
|
|
| 2. Last Name:  | First Name: |
|
|
| Address: |
|
|
| Phone: | E-mail: |
|
|
| Relation (faculty, employer, etc.): |
|
|
| 3. Last Name:  | First Name: |
|
|
| Address: |
|
|
| Phone: | E-mail: |
|
|
| Relation (faculty, employer, etc.): |
|
|

**Please help us expand our program:**

How did you learn about the Institute for Public Policy and Leadership Internship Program?

|  |  |
| --- | --- |
| [ ]  Professor | Name: |
|
|
| [ ]  Campus Flyer |  |  |  |  |
| [ ]  Website |  |  |  |  |
| [ ]  Other  | Please indicate: |
|
|

***\*To be completed by applicant:***

Check one:

[ ]  Male

[ ]  Female

[ ]  I prefer not answer

Please check one:

[ ]  White

[ ]  Black

[ ]  Native Hawaiian or Other Pacific Islander Asian

[ ]  Native American or Alaskan American

[ ]  Two or more races

[ ]  I prefer not answer

Check one:

[ ]  Hispanic

[ ]  Not Hispanic

[ ]  I prefer not to volunteer information about my ethnicity

[ ]  I prefer not answer

*\*Completion of this section is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive order and regulations, including those that require the information to be summarized and reported to the federal government for civil rights and enforcement. When reported, data will not identify any specific individual.*