

## Internship Application Alison Lundergan Grimes Kentucky Secretary of State

SPECRETARY OF	Term:	Year:	
Name (Last, First Mic	ldle):		
Home Address:			
City:		State:	Zip:
Gender:	Birthdate:	Phone: (	)
Email Address:			<del> </del>
High School/College/	University:		
Campus Address:			
City:		State:	Zip:
Advisor:		Phone: (	)
Academic Credit: YE	S or NO Exped	cted Graduation Date:	
List all educational ex	perience (if in high	school, please list intended	d college/university)
High School/College/University		Dates Attended	Years Completed
Current or Intended Fields of Study:	 Major(s):		
	Minor(s):		
	Other (please exp	olain):	

RETURN YOUR COVER LETTER, APPLICATION, AND RESUME TO:

TAYLOR.CLARK@KY.GOV OR

OFFICE OF THE KENTUCKY SECRETARY OF STATE
700 CAPITAL AVENUE, SUITE 152
FRANKFORT, KY 40601