



**DEPARTMENT OF POLITICAL SCIENCE**  
**Frankfort Internship Program Application**  
 Updated form 2024-2025



**APPLICANT INFORMATION**

<b>Last Name</b>		<b>First</b>		<b>M.I.</b>	
<b>Current Street Address</b>				<b>Apartment /Unit #</b>	
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Phone</b>		<b>UofL E-mail Address</b>			
<b>Hometown (County &amp; State)</b>		<b>Student I.D. #</b>			

Hometown State Representative district/current member and State Senate district/current member (if you're from KY) or current State Rep. and Senator if you now live in KY. Please use link to find/confirm responses.

<https://apps.legislature.ky.gov/findyourlegislator/findyourlegislator.html>

KY House district/member:  
 KY Senate district/member:

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this your first student internship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, how many have you had?		

**EDUCATION**

<b>Semester &amp; year of UofL graduation</b>		<b>Overall UofL GPA</b>	If you do not have a UofL GPA because you are in your first semester in college, please note that here
<b>Major(s)</b>		<b>Minor</b>	

**INFORMATION NECESSARY FOR BEST PLACEMENT**

Do you consider yourself to be a Democrat, Republican, Independent, or Other/None?	
With which <b>political party</b> are you registered to vote?	
In terms of <b>ideology</b> , do you consider yourself to be very liberal, liberal, moderate, conservative, or very conservative?	
Do you have specific policy interests?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify
Would you intern for a legislator of the other party?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to selection in the Frankfort Internship Program, I understand that false or misleading information in my application or interview may result in my release.

I certify that if I am accepted and placed in the Frankfort Internship Program, I will clear my schedule to be available to be in Frankfort in person each Tuesday and Thursday from 8:00am-5:00pm in the spring semester spanning January-end of legislative session (no later than the last day of class in the UofL academic calendar).

**Signature**

**Date**