



HENRY MCMASTER
GOVERNOR

Governor's Internship Program Application
Phone: 803-734-2100

Term Spring 20 __ Summer 20 __ Fall 20 __

Full Name _____
Social Security Number _____ Birthdate _____
Permanent Address _____
City _____ State _____ Zip Code _____
Email _____
Phone _____
Sex Male __ Female __ U.S. Citizen Yes __ No __
High School Attended _____
College _____
School Address _____
City _____ State _____ Zip Code _____
Current Year in School _____
Major _____ Minor _____
GPA _____
Faculty Advisor: Name _____
Phone _____

Are you planning on receiving class credit? Yes __ No __
Number of hours you can work: 15 __ 20__ 20+ __
Will you be working another job? _____
If so, where? _____

References: Name _____
Phone _____
Name _____
Phone _____

I certify that the information on this form is true.

Applicant _____ Date _____

Please attach a resume and address the following:

1. Your community and campus activities
2. Your interest in working in the Governor's office
3. A skill or ability you have developed in an academic and/or work environment