

**ARIZONA LEGISLATIVE BROADCAST INTERNSHIP PROGRAM (ARIZONA CAPITOL TELEVISION)
APPLICATION FOR 2020 INTERNSHIP**

(Please type your responses. Then, print, sign and submit this application to your campus coordinator)

1. Name: _____ University: _____
2. Present Address: _____
(include city, state, and zip code)
3. Telephone Number: _____ University I.D.# _____
4. E-mail Address: _____
5. Address during winter break: _____
Telephone Number: _____
6. Political party or preference: _____
- Are you registered to vote? YES NO
(check one) Legal Resident of: _____
(state/country)
7. Undergraduate cumulative GPA: _____ Admission Date: _____
Major: _____ Academic Advisor: _____
8. Total credit hours completed to date: _____ Scheduled Date of Graduation: _____
9. If graduate student, cumulative GPA: _____
Undergraduate degree and date awarded: _____
10. Other colleges or universities attended:
- | Institution | Dates Attended | Major | Degree Awarded | Date | Cum G.P.A. |
|-------------|----------------|-------|----------------|-------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
11. If you are now an undergraduate, do you plan to do graduate work? YES NO
If yes, field of study: _____
If yes, intended degree: Masters _____ Ph.D. _____
12. Employment History: (list most recent first)
- | Position | Company | Location | Dates | Full/Part-Time |
|----------|---------|----------|-------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

13. Activities: (Student organizations, community affairs, political activities, etc.)

14. Please list any television production, journalism or related experience. Be sure to include any specific software and audio/video equipment that you know how to use.

15. Other information that might have a bearing on your qualifications for participation in the Legislative Broadcast Internship Program (honors; fellowships and scholarships; publications; travel, etc.)

16. Include on a separate sheet a statement of 300 words or less of your purpose in applying for the internship, the background you can bring to the experience, and some ideas about the aspects of the internship that would most interest you.

17. The internship will require at least 40 hours per week at the State Capitol in Phoenix. Early morning and late night meetings often occur and your attendance will be required. Are you prepared to make this commitment? _____ (There are no holidays, no semester breaks and no time off is given during the session.)

18. Due to the workload associated with this internship, it may be impossible for you to take classes during the Spring semester. Would this present a problem for you? _____ Are you are planning on taking courses during the Spring semester if you receive this internship? _____ If yes, how many? _____

19. Please list your computer skills (i.e. word processing, spreadsheet, desktop publishing, powerpoint, etc.)

20. How did you hear about the Legislative Broadcast Internship Program?

21. Have you ever been convicted of a felony? YES NO

If yes, please describe _____

Interns may be subject to a background check

REMEMBER: All applications must include an unofficial transcript, a personal statement, and two current letters of recommendation.

Interns serve at the pleasure of the presiding officer and shall conduct themselves in a professional manner at all times.

Failure to complete the internship may result in a failing grade and/or no class credit.

I hereby agree to the above and certify I can participate full-time (a minimum of 40 hours or more if required per week) in the program for a period not to exceed 18 weeks, beginning January 6, 2020.

I hereby certify that all entries on this application form and attachments are true and complete and I agree and understand that any falsification of information, regardless of the time of discovery, may cause forfeiture on my part to any participation in the intern program. I understand that information on this application form or in attachments is subject to verification and I consent to references, former employers and educational institutions listed being contacted regarding this application. I further authorize the Arizona Legislature to rely upon and use, as it sees fit, any information received from those contacts.

I also give permission for you to obtain my official transcripts, if needed.

Signature _____ Date _____

Updated 8/20/2019 SADE