



Internship Application Office of Governor Tim Pawlenty

Name:

Permanent Address:

City:

State:

Zip:

Current/School Address:

City:

State:

Zip:

Date of Birth:

Phone:

Email:

Education

College:

Year:

Major/Minor:

GPA:

Graduate School:

Date of Graduation:

Major/Minor:

GPA:

Will college credit be earned through this internship? Yes No

If yes, please complete the following:

Professor:

Phone Number:

Course Name:

Total Credits Earned:

Please indicate what departments you are interested in:

Saint Paul: (Circle those that apply)

Citizen Outreach

Communications

Legislative and Policy Affairs

Boards and Commissions

Washington DC Office _____

Please indicate semester/quarter you are applying for:

Fall _____ **Dates Available:** _____

Spring _____ **Dates Available:** _____

Summer _____ **Dates Available:** _____

Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Signature: _____ **Date:** _____

PLEASE INCLUDE YOUR RESUME AND COVER LETTER WITH THIS APPLICATION

Minnesota Internship-Send to:

Kari Johnson

Office of Governor Tim Pawlenty

130 State Capitol

St. Paul, Minnesota, 55155

Washington DC Internship-Send to:

Annie Paruccini

Office of Governor Tim Pawlenty

400 North Capitol Street NW

Suite 380

Washington, DC 20001