

Cordova y Fernos Congressional Internship Program

GENERAL INFORMATION

Name _____ Social Security # _____
Last First Middle Initial

Gender ()F ()M Date of Birth ___/___/___ Place of Birth _____ U.S. Citizen? ()Yes ()No
Month Day Year

Address _____
Street City State/Zip

Phone _____ Cell Phone _____
Area Code Number Area Code Number

Permanent Address _____
Street City State/Zip

Permanent Phone _____ College or University _____
Area Code Number

College or University E-mail _____ Personal E-mail _____

Person whom the Program should contact in an emergency _____
Last First Middle Initial

Relationship to Applicant: _____

Emergency contact's phone (Day) _____ (Night) _____
Area Code Number Area Code Number

TERM FOR WHICH YOU ARE APPLYING

Year _____ () Fall Semester () Spring Semester

ACADEMIC INFORMATION

Status During Program: () Junior () Senior () Or Graduated () Other

Your school's calendar: () Semester () Quarter () Trimester () Other

College or University _____ City _____ State _____

Dates Attended ___/___/___ to ___/___/___ Major _____ G.P.A. _____ Expected Date of Grad. _____
Month Day Year Month Day Year

Number of credits you will receive for your internship _____ Department Awarding Credits _____

Number of credits you will receive for your internship course _____ Department Awarding Credits _____

Total Credits Approved _____

OTHER IMPORTANT DATA

Use the following code to indicate your proficiency in the English Language: 3=Fluent 2=adequate 1=slight

Speaking _____ Reading _____ Writing _____

Foreign countries visited _____

Have you worked with a computer? Yes _____ No _____ If yes, which types you used _____

Which software packages have you use? _____

(Excel, Word, Power Point, Internet Explorer)

INTERNSHIP AGREEMENT

- I understand that this application form, plus the supporting documents I provide, become the property of the Cordova y Fernos Program and will be shown to potential supervisors of my internship. I will not request that the materials be returned or transferred to other institutions or potential employers.
- I certify that I personally have completed this application and that the information I am providing is complete and accurate.

Signature of Applicant _____

Date _____

CAMPUS SPONSOR INFORMATION

- I have reviewed this application and endorse this student's candidacy for a TWC internship program.
- I certify that he/she will be receiving academic credit for this internship experience, as detailed on the Internship Application. I recognize that I am serving as a campus liaison or faculty sponsor for this student for the duration of the program and will receive all evaluations for the student.

NAME _____ TITLE _____

DEPARTMENT OR OFFICE _____

COLLEGE OR UNIVERSITY _____

MAILING ADDRESS _____

E-MAIL _____

PHONE _____ FAX _____

SIGNATURE _____ DATE _____

Comisión Conjunta del Programa Córdoba y Fernos de Internados Congresionales

Estado Libre Asociado de Puerto Rico

El Capitolio, P.O. Box 9023986, San Juan, P.R. 00902-3986

Phone: (787) 721-5200, Extensión 274 or 275 Fax (787) 724-4393

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Last First Middle Initial

Gender ()F ()M Date of Birth ___/___/___ Place of Birth _____ U.S. Citizen? ()Yes ()No
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HOUSING POLICY

By living in the housing provided by the Cordova Program during your internship you must accept the following rules and regulations:

- The Program is not responsible for loss or damage to personal property and recommends that you insure your valuables.
- The Program does not permit pets on the premises.
- The Program reserves the right to change student accommodations at any time, fill a vacancy in the room by placing another person in the room without prior notice and enter the room for inspection or repairs.
- The Program reserves the right to expel any student from the program's housing whose conduct, in the opinion of the Program Director, is harmful or potentially harmful to the students in our program or others.
- You are required to have health insurance and to provide proof of such insurance upon request.
- Smoking is not allowed in Washington Center housing units.

ROOMMATE PREFERENCES

- () I am a day person (prefer to get up and go to bed early).
- () I am a "night" person (prefer to get up and go to bed late).
- () I do () I do not need silence to study.
- () I would () I would not mind if my roommate had occasional overnight guests.

Please indicate any special needs or requirements _____

Preferred roommate (if any) _____

Signature of Applicant _____

SPECIAL CONDITIONS

Please inform us of any physical or mental health conditions TWC should be aware of in order for you to fully participate in our programs. Please identify any special medication you are taking. Use a separate sheet if necessary.

The Washington Center actively strives for equal access to its programs for all regardless of race, religion, national origin, gender, sexual orientation, age, physical challenge or veteran status. All Washington Center programs attempt to include a diversity of students in order to enhance the educational experience for all participants.