



WASHINGTON INTERNSHIP PROGRAM

SUBMIT APPLICATION TO:

ADMISSIONS DEPARTMENT

7606 Sixteenth Street, N.W.

Washington, D.C. 20012

admissions@washingtoninternship.com

(202) 829-5364

www.washingtoninternship.com



WASHINGTON
INTERNSHIP
PROGRAM

Rolling admissions:

Applications will be processed in the order received. Prospective interns are encouraged to apply early.

Name: _____

College: _____

Campus Phone: _____
(Your phone number at school)

Campus Address: _____

Email: _____

City, State

Cell Phone: () _____ -- _____

Home Phone: () _____ -- _____

Home Address (if different):

Other Colleges or Universities attended (City, State, Dates Attended)

1. _____ 3. _____
2. _____ 4. _____

Academic Level

(Current year in College or Graduate school completed)

Internship Start Date: _____

Internship End Date: _____

Area of Interest: _____

Possible Placements Desired (List organizations, agencies, companies by name or type if you have any in mind):

International Students and non-U.S. citizens: Select status or expected status at time of internship and Country of citizenship:

F-1 Student J-1 Permanent Resident Other: _____

Country: _____

APPLICANTS SHOULD COMPLETE THIS FORM AND INCLUDE A CHECK OR MONEY ORDER FOR \$1,000 (MADE OUT TO THE WASHINGTON INTERNSHIP PROGRAM), WHICH WILL BE RETURNED SHOULD THE APPLICANT NOT BE ACCEPTED INTO THE PROGRAM. ALTERNATIVELY, PAYMENT FOR TUITION CAN BE MADE BY CREDIT CARD (\$1,030 ON VISA, MASTER CARD, OR AMERICAN EXPRESS) THROUGH PAY-PAL ON THE FIRST PAGE OF THE WEBSITE: WWW.WASHINGTONINTERNSHIP.COM. CHECK THE FOLLOWING BOX IF CREDIT-CARD PAYMENT HAS BEEN MADE THROUGH PAY-PAL. INCLUDING A RESUME IS RECOMMENDED BUT NOT REQUIRED.

APPLICANT BACKGROUND
Educational Institutions Attended

Name of School	City, State	Dates of Attendance/ Degree Received/Expected

GRADUATE/PROFESIONAL SCHOOL

Name of School	City, State	Dates of Attendance/ Degree Received/Expected

EXPERIENCE PAID AND VOLUNTEER

Include job title, name, and location of employer; dates of employment, and a brief description of duties:

SPECIAL SKILLS (Computer, Foreign Languages, etc.)

PLACES TRAVELED (both work and leisure)

EXTRACURRICULAR ACTIVITIES

APTITUDE & PERFORMANCE

Knowing the temperament of the individual helps insure the right match.

Levels of Ability	7	6	5	4	3	2	1	
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Organizational Skills								
Creativity								
Patience								
Detail Oriented								

Public Speaking								
Concentration								
Leadership								
Self Motivated								

Group Oriented								
Attentiveness								
Passive								
Aggressive								

Have you ever been subjected to academic or disciplinary action (i.e., Probation, suspension, dismissal) from any institution attended?

Yes No If yes, please provide details, dates and circumstances _____

Have you ever registered under a different name (including Maiden name) at this or any other postsecondary institution?

Yes No If yes, state the name used: _____

How did you hear about the program?

Monster.com/Monstertrak.com Friend/Family E-mail Career Counselor

Fellow (or former) intern in the program Jobposting.net/.com careerbuilder.com

Hotjobs.com on-campus information session info-table internet search

Recruiter: _____ Other: _____

Program costs:

The complete cost of \$3,400 includes:

\$1,000 First payment (applied to tuition), and due with application; it is refundable ONLY if you are not accepted into the program.

\$1,400 Second payment, due upon receiving your first internship offer.

\$ 1,000 Third payment, due a month prior to start of internship or seminar, whichever comes first.

The applicant recognizes that the above program costs must be paid in a timely fashion. Failure to do so will constitute a breach of agreement, and the applicant will be liable for all the fees and costs due, including reasonable attorney fees and collection expenses. (If an intern must drop out of the program, his or her candidacy can be deferred until another time. No charge will be made for services not yet rendered).

I have reviewed the above information, and it is true and complete to the best of my knowledge. This application cannot be processed without your signature.

Signature: _____ Date: _____