

WASHINGTON-HILLSDALE INTERNSHIP PROGRAM

APPLICATION FORM

NAME OF APPLICANT: _____

CAMPUS ADDRESS: _____ CAMPUS PHONE: _____

MOBILE PHONE: _____

HOME ADDRESS: _____ HOME PHONE: _____

WHAT SEMESTER DO YOU PLAN ON ENROLLING IN WHIP (FALL/SPRING + YEAR)? _____

INCLUDING CURRENT SEMESTER, NUMBER OF SEMESTERS AS A FULL-TIME STUDENT AT HILLSDALE COLLEGE: 3 4 5 6 7

EXPECTED GRADUATION DATE: _____

MAJOR/MINOR: _____ OVERALL GPA: _____ GPA IN MAJOR: _____

- PROVIDE A COVER LETTER ALONG WITH THIS COMPLETED APPLICATION.
- PLEASE ATTACH A COPY OF YOUR COLLEGE TRANSCRIPT AND A RESUME.
- SUBMIT TWO LETTERS OF RECOMMENDATION: ONE FROM A HILLSDALE COLLEGE FACULTY MEMBER AND ONE FROM OUTSIDE THE COLLEGE COMMUNITY (NO FAMILY MEMBERS PLEASE). LIST THE NAMES OF THOSE INDIVIDUALS WHO WILL BE SUBMITTING LETTERS OF RECOMMENDATION FOR YOU AND YOUR RELATIONSHIP TO THEM:

A. _____

B. _____

ON SEPARATE PAPER, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. DESCRIBE BRIEFLY WHAT TYPE OF INTERNSHIP INTERESTS YOU AND EXPLAIN WHY. (I.E., WORKING FOR A CONGRESSMAN, AT A THINK TANK, AT A MEDIA OUTLET, ETC.)
2. WHAT STRENGTHS MAKE YOU QUALIFIED FOR THE WHIP?

FOR ADDITIONAL INFORMATION, PLEASE E-MAIL WHIP@HILLSDALE.EDU

SUBMIT COMPLETE APPLICATION

BY NOON, MONDAY, OCTOBER 12, TO:

WHIP

c/o Mrs. Margie King - Moss #341

Hillsdale College

Hillsdale, Michigan 49242

PLEASE NOTE:

The WHIP Selection Committee will conduct professional interviews for all WHIP applicants. Applicants will be notified by e-mail of their specific interview time.