## Internship Application



To apply please send us the following:

- The following completed form
- A Cover Letter
  - Explain why you would like to participate in an internship at the Secretary of State's Office and why you would be an asset to the Office.
- Copy of Your Resume

E-Mail to: sos@sos.iowa.gov

## **General Information:**

Name:						
Current Address:						
Permanent Addre	ss:					
Cell Phone:			Email			
Academic Inf	ormation:					
High School Name: Year of Graduation:_					on:	
College or University:						
Expected Date of Graduation: GPA:						
Major(s): Minor(s):						
Extracurricular/Military/Community/Volunteer activities:						
Office Information:						
Will you be receiving academic credit for this internship? YES NO						
Check the term(s) you are interested in applying for:						
pring Summer Fall						
(Jan-May)		(June-Aug) (Sept-Dec)				
Dates of availability:						
Hours you will be available:	Monday	Tuesday	Wednesday	Thursday	Friday	
ac available.						