

**A D D E N D U M T O  
A P P L I C A T I O N**

**A P P L I C A N T** \_\_\_\_\_

**I. EDUCATION**

**(A) GPA**

Undergraduate \_\_\_\_\_

Graduate \_\_\_\_\_ (Masters Program)

Graduate \_\_\_\_\_ (PhD Program)

**(B) GRADUATE ENTRANCE EXAMS:**

<b>G R E</b>	<b>L S A T</b>	<b>G M A T</b>
Date taken / /	Date taken / /	Date taken / /
Verbal Score ____		
Percentile ____		
Quantitative Score ____	Score ____	Score ____
Percentile ____		
Analytical Score ____	Percentile ____	Percentile ____
Percentile ____		

If you have not taken a graduate exam, what exam will you take? \_\_\_\_\_

Anticipated date of examination: \_\_\_\_\_

**(C)** What will be your major or academic area of concentration during the 2008-2009 Legislative Intern Program (September, 2008 through May, 2009)?

\_\_\_\_\_

**(D)** Additional information about your educational experience that you want considered in this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. HONORS AND ACTIVITIES**

Indicate in the appropriate space below if you have been involved in or have received any of the following:

**SCHOLARSHIPS AND FELLOWSHIPS:**

\_\_\_\_\_

\_\_\_\_\_

**HONORS AND AWARDS:**

\_\_\_\_\_

\_\_\_\_\_

**LEADERSHIP POSITIONS:**

\_\_\_\_\_

\_\_\_\_\_

**INTERNSHIPS (NOT LISTED UNDER EMPLOYMENT):**

\_\_\_\_\_

\_\_\_\_\_

VOLUNTEER WORK:

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PUBLICATIONS:

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PROFESSIONAL ASSOCIATIONS:

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OTHER ORGANIZATIONS TO WHICH YOU BELONG:

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**III. AREAS OF INTEREST**

Participants are assigned to work with a policy area during their internship. Indicate below your preference of issue areas and a short explanation of the reasons for this preference:

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture                             | <input type="checkbox"/> Information Technology         |
| <input type="checkbox"/> Appropriations/Budget                   | <input type="checkbox"/> Insurance                      |
| <input type="checkbox"/> Civil Justice                           | <input type="checkbox"/> Local Government               |
| <input type="checkbox"/> Communications                          | <input type="checkbox"/> Natural Resources              |
| <input type="checkbox"/> Criminal Justice                        | <input type="checkbox"/> Regulated Industries           |
| <input type="checkbox"/> Domestic Security                       | <input type="checkbox"/> Social Services                |
| <input type="checkbox"/> Economic Development, Trade and Banking | <input type="checkbox"/> Spaceport and Technology       |
| <input type="checkbox"/> Education                               | <input type="checkbox"/> State Administration           |
| <input type="checkbox"/> Ethics & Elections                      | <input type="checkbox"/> Tourism                        |
| <input type="checkbox"/> Finance & Taxation                      | <input type="checkbox"/> Transportation                 |
| <input type="checkbox"/> Growth Management                       | <input type="checkbox"/> Utilities / Telecommunications |
| <input type="checkbox"/> Health Care                             |   |

1st Preference: \_\_\_\_\_

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2nd Preference: \_\_\_\_\_

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**IV. FACULTY & EMPLOYER RECOMMENDATIONS**

List below two faculty members and one employer from whom you will request recommendations. Recommendation forms included in the application should be filled out by the faculty member/employer and forwarded to the Legislative Intern Office. These recommendations should be received in the Intern Office by May 16, 2008. **IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT THESE RECOMMENDATIONS HAVE BEEN RECEIVED BY THE DEADLINE.**

NAME OF FACULTY MEMBER AND ADDRESS

TELEPHONE

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

NAME OF EMPLOYER AND ADDRESS (IF APPLICABLE)

TELEPHONE

- 1) \_\_\_\_\_

**V. COMPUTER KNOWLEDGE AND SKILLS**

List your computer knowledge and skills:

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F A C U L T Y  
R E C O M M E N D A T I O N

FLORIDA HOUSE OF REPRESENTATIVES

LEGISLATIVE INTERN PROGRAM

STUDENT'S NAME \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FACULTY MEMBER'S NAME \_\_\_\_\_

FACULTY MEMBER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

THE GOAL OF THE LEGISLATIVE INTERN PROGRAM IS TO PROVIDE COLLEGE GRADUATES AND GRADUATE STUDENTS WITH TRAINING IN THE LEGISLATIVE PROCESS AND PUBLIC POLICY MAKING.

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

WHAT WAS THE RANKING OF THE APPLICANT'S PERFORMANCE IN YOUR CLASS?

- TOP 10%       TOP 25%       TOP 50%       BOTTOM 50%

CLASS SIZE \_\_\_\_\_

HOW WOULD YOU RATE THE APPLICANT'S WRITING ABILITY?

- OUTSTANDING       ABOVE SATISFACTORY       SATISFACTORY       POOR

HOW WOULD YOU RATE THE APPLICANT'S ANALYTICAL ABILITY?

- OUTSTANDING       ABOVE SATISFACTORY       SATISFACTORY       POOR

DID THIS APPLICANT DEMONSTRATE OTHER COMMUNICATION SKILLS? PLEASE SPECIFY. \_\_\_\_\_

WHY DO YOU THINK THIS APPLICANT WOULD BE A GOOD CANDIDATE FOR THE INTERN PROGRAM? \_\_\_\_\_

SEND THIS FORM TO THE ADDRESS BELOW BY MAY 16, 2008

LEGISLATIVE INTERN PROGRAM  
OFFICE OF THE SPEAKER PRO TEMPORE  
FLORIDA HOUSE OF REPRESENTATIVES  
317 THE CAPITOL  
402 S. MONROE STREET  
TALLAHASSEE, FL 32399-1300  
(850) 487-2290  
E-MAIL: BEVERLY.BROUSSARD@MYFLORIDAHOUSE.GOV

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

EMPLOYER  
RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES

LEGISLATIVE INTERN PROGRAM

EMPLOYEE'S NAME \_\_\_\_\_

EMPLOYEE'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

THE GOAL OF THE LEGISLATIVE INTERN PROGRAM IS TO PROVIDE COLLEGE GRADUATES AND GRADUATE STUDENTS WITH TRAINING IN THE LEGISLATIVE PROCESS AND PUBLIC POLICY MAKING.

TYPE OF WORK EMPLOYEE PERFORMED; LENGTH AND SPECIFIC DATES OF EMPLOYMENT; APPROXIMATE NUMBER OF HOURS WORKED PER WEEK \_\_\_\_\_

\_\_\_\_\_

HOW DID THE EMPLOYEE PERFORM ON THE JOB?

- EXCELLENT       GOOD       SATISFACTORY       POOR

REMARKS \_\_\_\_\_

\_\_\_\_\_

HOW DID THE EMPLOYEE RESPOND TO DIRECTION? \_\_\_\_\_

\_\_\_\_\_

DID THE EMPLOYEE WORK WELL WITH OTHERS? \_\_\_\_\_

\_\_\_\_\_

WOULD YOU RECOMMEND THIS PERSON AS A DEPENDABLE AND RESPONSIBLE EMPLOYEE? \_\_\_\_\_

\_\_\_\_\_

SEND THIS FORM TO THE ADDRESS BELOW BY MAY 16, 2008

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE