Internship Application
Michael G. Adams
Kentucky Secretary of State

Term: _____ Year: _____

Name (Last, First Middle): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Birthdate: _____ Phone: (_____) _____

Email Address: _____

High School/College/University: _____

Campus Address: _____

City: _____ State: _____ Zip: _____

Advisor: _____ Phone: (_____) _____

Academic Credit: YES or NO Expected Graduation Date: _____

List all educational experience (if in high school, please list intended college/university)

High School/College/University	Dates Attended	Years Completed
_____	_____	_____
_____	_____	_____

Current or Intended Fields of Study:

Major(s): _____

Minor(s): _____

Other (please explain): _____

RETURN YOUR COVER LETTER, APPLICATION, AND RESUME
TO: skyler.luttrell@ky.gov
OR
OFFICE OF THE KENTUCKY SECRETARY OF STATE
700 CAPITAL AVENUE, SUITE 152
FRANKFORT, KY 40601