

Governor's Office Internship Application

2025 Internship Program: May 26 - July 25

Please note that internships with the Governor's Office are not paid

Submit this completed application along with a cover letter, resume and writing sample to:

Avery.McCutcheon@governor.alabama.gov

The deadline to apply is Friday, March 21, 2025 by close of business.

Name:		
Address:		
E-mail Address:		
	onth/Day/Year)://	
Last 4 Digits of y	our Social Security Number:	-
Sex: M F _		
Ethnicity (Option	nal):	
Emergency Cont	act Name:	
Emergency Cont	act Number:	
Name of the Univ	versity you attend:	
GPA (minimum	3.0):	
Choose One:	Incoming Freshman	
	Rising Sophomore	
	Rising Junior	
	Rising Senior	
	Graduate Student	

Majo	r:
Mino	r:
Are y	ou seeking a college credit for this internship? Yes No
Advis	sor's Name and Number:
Please	e check the office(s) that you are interested in below:
	_ Policy
	_ Appointments
	_ Education and Workforce
	_ Administration and Constituent Services
	_ Communications
	_ Cabinet Agencies
1.	Have you ever applied for an internship in Governor Kay Ivey's Administration? Yes No If yes, when?
2.	Is there anything on your social media or public record that would embarrass the Office of the Governor if you were to serve as an Intern? Yes No Please check the social media platforms that you use.
	Facebook
	Facebook Snapchat
	Snapchat
	Snapchat Instagram
	Snapchat

3.	If you are chosen, do you commit to attending all scheduled meetings and fulfilling all other requirements and duties associated with the Internship Program? Yes No		
4.	Have you ever been convicted, entered a guilty plea, or entered a no contest plea for		
	any criminal violation? Do not list traffic citations. Yes No If yes, please give a detailed explanation:		
5.	Are you currently under charges or indictment for any violation of the law?		
	Yes No If yes, please give a detailed explanation:		
6.	Why do you want to intern for Governor Kay Ivey's Office?		
7.	Who do you consider to be your political role model and why?		

Keiere	ences:	
1.	Legal Name:	_
	Phone Number:	
	Affiliation:	
2.	Legal Name:	_
	Phone Number:	
	Affiliation:	
3.	Legal Name:	_
	Phone Number:	
	Affiliation:	
we pro	epare to select interns.	
	by certify that the information given above is accurate. I understand nformation, I may be disqualified from being selected for the Internsl	
Date:		
Print 1	Name:	

Signature: