



KANSAS SECRETARY OF STATE INTERNSHIP

General Information

Name _____

Current Address _____

Permanent Address _____

Cell Phone _____ Email _____

Academic Information

High School Name _____ Year of Graduation _____

College or University _____

Expected Date of Graduation _____ Cumulative 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) for which you are interested in applying:

Spring
(Jan - May)

Summer
(June - Aug)

Fall
(Sept - Dec)

Dates of Availability _____

Hours you would be available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What are your educational/professional goals after graduation, and how will this internship prepare you to accomplish these goals?

What interests you the most about the Secretary of State's office? Why?

Have you ever worked on a political campaign or been involved in any governmental or political activity? If so, please explain:

What are your expectations for this internship?

Have you ever been arrested for, charged with, or cited for an offense? If yes, please explain:

A resume, two writing samples, and two letters of recommendation from your college/university professor or advisor must be included with this application.

Please send application via postal mail or email to:

Office of the Secretary of State
Memorial Hall, 120 SW 10th Ave.
Topeka, KS 66612

Phone: 785-296-4575
Email: kssos.internship@ks.gov