

Connecticut Sentencing Commission: Internship Application

We appreciate your interest in assisting the Connecticut Sentencing Commission. Please complete the following application and submit electronically in PDF format with your resume, a brief sample of your legal or analytical writing and the names of two references. See Sec. 4 for deadlines. We will confirm receipt of your submission and will contact you following its review.

Section 1: Contact Information

Last Name	First Name	MI		
Mailing Address		Apartment #		
City	State	Zip Code		
Cell Phone	Home Phone			
Email Address				
Section 2: School Information				
Law Student Graduate Student	Undergraduate Student			
School:	Class year:			
Major(s):	Minor:			
Are you eligible for outside funding (such as a grant, stipend, or work study)?				
If yes, list contact person/office, pho	one or email address:			
School Field Office or Internship Program Contact:				
Contact's phone and/or email:				

Section 3: Applicant Volunteer and Employment History

Please list all recent volunteer activities and employment. Add a separate sheet if necessary.

Name of Organization or Employer:	
Dates of involvement:	
Address :	Phone Number:
Supervisor:	
Duties:	
Name of Organization or Employer:	
Dates of involvement:	
Address :	Phone Number:
Supervisor:	
Duties:	
Name of Organization or Employer:	
Dates of involvement:	
Address :	Phone Number:
Supervisor:	
Duties:	

Section 4: Internship Information

Applications for Spring semester (January to May) and Fall semester (September to December) are accepted on a rolling basis. Applications for Summer (May to August) are accepted between February 1 and May 30. Applications are considered as they are received, so students are advised to apply early for any or all programs.

Please consider me for: Fall Spring Summer

How many hours per week do you plan to intern?

Section 5: Applicant Certification

Signature Required: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments are true and complete to the best of my knowledge, and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal. All statements made on this application, including employment information, are subject to verification as a condition of interning with the Connecticut Sentencing Commission.

Applicant signature:		Date:	
Note: A typed name will substit	tuto for a handwritton cignaturo		
Note: A typed name will substitute for a handwritten signature			
Return this application to:	Connecticut Sentencing Commission		
	Hartford Campus, Room 550		
	10 Prospect Street		
	Hartford, CT 06103		
	ATTN: Internship Program		

Email: Alex.Tsarkov@uconn.edu