



## 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

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Section 2: School Information

Law Student \_\_\_\_\_

Graduate Student \_\_\_\_\_

Undergraduate Student \_\_\_\_\_

School: \_\_\_\_\_

Class Year: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Are you eligible for outside funding (such as a grant, stipend, or work study)? Yes / No  
If Yes:

What type of funding? \_\_\_\_\_

Contact Name / Office for Funding / Program: \_\_\_\_\_

Contact's Phone Number / 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 / Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Organization or Employer: \_\_\_\_\_

Dates of Involvement: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number / Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Organization or Employer: \_\_\_\_\_

Dates of Involvement: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number / Email: \_\_\_\_\_

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 substitute for a handwritten signature

Return this application to:

Connecticut Sentencing Commission  
University of Connecticut  
Hartford Times Building, Room 443  
10 Prospect Street  
Hartford, CT 06103  
Subject: Internship Program  
Email: [imrp@uconn.edu](mailto:imrp@uconn.edu)