



MSGOP Summer Intern Application

Please fill out this application and email it along with your resume to: ED@msgop.org

Applicant Information:

Full Name: _____

Phone Number: _____

Email Address: _____

Current Address: _____

City/State/Zip: _____

School/University: _____

Major/Minor: _____

Year:

- Freshman
- Sophomore
- Junior
- Senior
- Other: _____

Do you have reliable transportation?

- Yes
- No

Are you seeking college credit?

- Yes
 - No
-

Availability:

Are you available for the full summer?

- Yes
- No

Available start date: _____

Available end date: _____

Hours available per week: _____

Are you able to work in Jackson, Mississippi?

- Yes
- No

Please answer the following questions below:

Why are you interested in interning with the Mississippi Republican Party?

Why are you a Republican?

What do you hope to gain from this internship experience?

