



Mayoral Fellowship

Application

Deadline: Wednesday April 15, 2009

Please Print/Type

Date _____

Name _____ Date of Birth _____

Social Security Number _____ - _____ - _____ Email _____

Current Address _____

City _____ State _____ Zip _____ Phone _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Education

Name of College/University _____

Major _____ GPA _____ Date of Graduation _____

Academic Honors & Awards _____

References

1. Name _____ Relationship _____

Phone _____ Email _____

2. Name _____ Relationship _____

Phone _____ Email _____

3. Name _____ Relationship _____

Phone _____ Email _____

Essays

Please complete the following two essays on a separate page. Each essay should be 350-500 words.

1. What do you feel you can bring to the Fellowship Program? What specific skills, qualities and experiences do you have which you believe would make you a good choice for a Fellowship?
2. What do you hope to gain from the Mayoral Fellowship? How would you use the experience as a Mayoral Fellow to serve your community?
3. You will be contacted for an interview, the last given step in the process.

Please also submit a resume and 2-3 letters of reference.

Preference

Please list in order of preference up to five departments you would be interested in working with. Fellowship opportunities in other departments not listed may become available.

- | | |
|---|--|
| <input type="checkbox"/> Department of Operations | <input type="checkbox"/> Department of Administration |
| <input type="checkbox"/> Department of Planning and Development | <input type="checkbox"/> Office of the Tax Assessor |
| <input type="checkbox"/> Economic Development Partnership | <input type="checkbox"/> Department of Policy |
| <input type="checkbox"/> Department of Recreation | <input type="checkbox"/> Office of Neighborhood Services |
| <input type="checkbox"/> Parks Department | <input type="checkbox"/> ProvStat |
| <input type="checkbox"/> Providence Police Department | <input type="checkbox"/> Law Department |
| <input type="checkbox"/> Minority & Women’s Business Enterprise | <input type="checkbox"/> Vital Statistics |
| <input type="checkbox"/> Office of Press & Communications | <input type="checkbox"/> Office of the Mayor |

All applicants are subject to confidential evaluation and background checks. Your signature indicates the accuracy of this information and your willingness and desire to actively participate in the Mayor’s Summer Fellowship.

I understand that misrepresentation may be cause for denial of admission to or expulsion from the Fellowship Program.

Signature

Date

Complete and mail original to:
Paul Brooks
25 Dorrance Street
Providence, RI 02903