

EXECUTIVE OFFICE OF THE PRESIDENT

COUNCIL ON ENVIRONMENTAL QUALITY

WASHINGTON, D.C. 20503

APPLICATION FORM

Note: If you have difficulty completing this form electronically, we strongly recommend completing it by hand and scanning the file with your hand-written entries. CEQ will not be able to review applications in which this form is left blank or incomplete.

Last name, first name, middle initial: Address:	
Expected date of law school gradu	ation:
Please indicate the deadline, if any	, by which you would like to hear from CEQ:
Please indicate the number of hours per week you will be available:	
Please indicate your potential start date: and end date:	
Do you want CEQ to consider you	u for our Policy Internship Program as well?
Do you have a Social Security Nur	nber (Yes or No)?
Are you a U.S. Citizen?	_
Have you served as a registered lol	obyist?
Have you ever been charged with	or convicted of any criminal offense, felony or misdemeanor?
Yes (please describe below)	No
Are there currently any charges pe	nding against you for a criminal offense?
Yes (please describe below)	No