



Dorothy Andrews Kabis Internship

This Memorial Internship Program is named after former National Federation of Republican Women President Dorothy Andrews Kabis, who served from 1963-1967 and was later appointed Treasurer of the United States by President Richard Nixon. Each year, the program offers two young women the opportunity to spend up to six weeks in our nation's capitol working in the headquarters of the country's foremost women's political organization.

Applicants must be U.S. citizens, undergraduate college students age 21 and over, having completed high school but not yet graduated from college. Applicants should have a general knowledge of government and a keen interest in politics, including campaign experience and clerical office skills adaptable to a busy office.

The internship provides housing in the D.C. metropolitan area, round trip airfare, and a metro card for daily travel to and from the office. A small monetary allowance is also given. Interns must pay for meals, tourism, and all other expenses.

A complete application must include the following:

- ◆ Official application form, all sections fully completed. Please write or print clearly. Use black or dark blue ink.
- ◆ Most recent official college transcript.
- ◆ One-page typed essay stating your interest in the Kabis Internship including your personal contributions to civic and political activities.
- ◆ Three letters of recommendation citing specific instances of political experience. Please include phone numbers/emails of authors for follow-up.
- ◆ Photograph.
- ◆ State Federation President Certification

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

Instructions to Applicant:

Individual applications must be submitted to your state federation president by December 1. No application may be submitted directly to NFRW headquarters and should be submitted to the Arizona Federation of Republican Women in care of:

**President Mary Williams
PO Box 2445
Prescott, AZ 86302-2445**

Each president will choose one (1) application from her state to submit to NFRW. Any questions concerning this process should be directed to your State Federation or to NFRW (703/548-9688). The Internship winners will be chosen by the NFRW National President.

Dorothy Kabis Memorial Internship State Federation Certification

This is to certify that:

(Name)

is an official applicant of the _____ Federation of Republican Women
(State)

as a candidate for the Dorothy Andrews Kabis Memorial Internship.

State President's Signature

Telephone Number

This certification and fully completed application form should be mailed to:

NFRW
124 North Alfred Street
Alexandria, Virginia 22314
ATTN: Internship Coordinator

INSTRUCTIONS:

Applicant:

Individual applications must be submitted to your state federation president by December 1. No application may be submitted directly to NFRW headquarters. For state president addresses, please go to www.nfrw.org. Any questions concerning this process should be directed to your state Federation or to NFRW (703/548-9688). The Internship winners will be chosen by the NFRW National President.

State President:

Only one (1) application per state may be submitted to NFRW with the state president's signature. **The deadline for applications to be received at the national headquarters is December 15.**

APPLICATION FOR THE DOROTHY KABIS MEMORIAL INTERNSHIP

(Application must be typed or printed in black ink.)

<i>Section A: Personal Information</i>		
Name:	Are You a U.S. Citizen?	
Address:		
City:	State:	Zip:
Phone Number:	Fax:	
E-mail:		
University Address (if different):		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
Date and Place of Birth:		
Father's Name:		
Father's Address:		
Father's Phone Number:		
Mother's Name:		
Mother's Address:		
Mother's Phone Number:		
Emergency Contact and Phone Number:		

<i>Section B: High School Information</i>		
Name of High School:		
Address:		
City:	State:	Zip:
Graduation Date:	Grade Point Average:	Grade Scale (A=?)

High School Activities and Achievements Including Civic and Political Activities and Interests:

Section C: Undergraduate Study

Name of University:

Address:

City:

State:

Zip:

Major(s) / Minor(s)

Expected Graduation Date:

Grade Point Average:

Grade Scale:

Collegiate Activities and Achievements Including Civic and political Activities and Interests:

Section D: Office Skills

Section E: Verification of Information

I verify that the information in this application is true and accurate to the best of my knowledge.

Signature:

Date: