

Murray and Agnes Seasongood Good Government Foundation
Summer Internship Nomination Form

Submitted by:

1. Name:
 Expected Date of Graduation:
 College or University:
 Major(s):
 Address (College):
 Address (Home):
 Primary Phone:
 Secondary Phone:
 E-mail:

2. Name:
 Expected Date of Graduation:
 College or University:
 Major(s):
 Address (College):
 Address (Home):
 Primary Phone:
 Secondary Phone:
 E-mail:

3. Name:
 Expected Date of Graduation:
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