



Governor's Hispanic Fellows Program  
June 01, 2020 – July 24, 2020

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**2020 Partnership Application**

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Department/Agency/Corporate Name:

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Address:

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City:

State:

Zip Code:

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Web Address:

Telephone Number:

**Intern Selection Process:**

All intern applicants are screened carefully to assure a maximum quality match between employer and intern. Selected interns are required to meet with their employers prior to the start of the program. Please submit the completed Partnership Application along with job description. **If you require background check, please indicate that in the job description.**

**Intern Job Description:** Please make sure the job description provided is reflective of responsibilities expected of future leaders in the corporate, non-profit, and government fields and not solely of a clerical nature. The internship must provide professional experience which will result in the intern utilizing the skills sets learned in this placement to obtain professional employment. Indicate relevant education, such as specific major and experience needed for the internship. Please provide a separate sheet that include the following.

- Expected intern's work hours (schedule) throughout the eight weeks: **(students must have 28 hours per week at site)**
- Major preferred
- Is intern required to have own transportation? If yes, please indicate if there is public transportation available.



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Please select agency type:

- Corporate                       Government                       Non-Profit

**Please select one:**

- Will sponsor and host an intern at our agency  
                     Full stipend \$2,500     Partial stipend \$ \_\_\_\_\_
- Will only sponsor an intern  
                     Full stipend \$2,500     Partial stipend \$ \_\_\_\_\_
- Will only host an intern – CHPRD will sponsor

\*If you are sponsoring an intern for \$2,500, please indicate the name of the contact person and phone number for payment processing.

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please make check payable and send the completed application to:**

Center for Hispanic Policy, Research and Development and submit to 33 West State Street, Post Office Box 456, Trenton, New Jersey 08625 **OR** via email: [chprd@sos.nj.gov](mailto:chprd@sos.nj.gov)



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**2020 Partnership Application**

**Job Description**

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Department/Agency/Corporate Name:

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Job Location/Address:

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City:

State:

Zip Code:

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Supervisor assigned to intern and title:

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Work Telephone with extension:

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E-mail Address:

**You may use this space or a separate sheet for the detailed job description:**