

# MIT Washington Summer Internship Program

## Sponsor Information

Name of Organization:

Office Address:

Telephone:

Fax:

Email:

Name of Contact Person:

Office Address (if different from above):

Telephone:

Fax:

Email:

---

Please provide a brief description of your organization.

Please describe the specific duties and responsibilities of summer interns.

What is the duration of the internship?

What days and hours will interns be expected to work?

What is the application process?

What is the deadline for the application?

Are there any special eligibility or skill requirements or preferences?

Are the internships paid or voluntary? (If paid, please state the amount).

---

Please return to:  
Katherine Hoss, MIT Washington Summer Internship Program  
Department of Political Science, E53-484  
MIT Cambridge, MA 02139-4307  
FAX: (617)258-8546 Email: [hoss@mit.edu](mailto:hoss@mit.edu)