

**Claremont McKenna College**  
**WASHINGTON PROGRAM APPLICATION**  
Due date for Fall '16 Program: 4:30PM, Monday, February 15, 2016  
Due date for Spring '17 Program: 4:30PM, Monday, September 19, 2016

**1. GENERAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Preferred Form of First Name or Nickname \_\_\_\_\_

School ID Number \_\_\_\_\_ Female Male

I am applying for: Fall Spring Year: 20\_\_\_\_\_

Class Standing at Application So Jr Sr 1<sup>st</sup> or 2<sup>nd</sup> Semester

Major \_\_\_\_\_ Expected Grad Date: (Mo/Yr) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Campus Address: P O Box \_\_\_\_\_  
 Story House, CMC  Smith Campus Center, Pomona  
 Scripps  Pitzer  Harvey Mudd

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

**Emergency Contact Information:**

Last \_\_\_\_\_ First \_\_\_\_\_

Relationship: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Recommender \_\_\_\_\_

**REQUIRED** - Name of Person in Career Services who reviewed your Resume:

\_\_\_\_\_

**CONSENT STATEMENT**

I hereby give permission for my letters of recommendation, transcript, and other application materials relevant to my participation in the CMC Washington Program to be consulted as necessary by authorized individuals involved in student selection and the operation and evaluation of the program.

I give permission to the Registrar to release college transcripts, as required, to the office of Off-Campus Study and the Washington Program Office.

I authorize       I do not authorize      CMC Off-Campus Study to include my name, email, major(s), internship, and graduation year in the directory of Washington Program alumni for prospective Washington Program applicants.

I authorize       I do not authorize      CMC Off-Campus Study to discuss **details of my internship program** with my emergency contact, parent, or guardian.

I authorize       I do not authorize      CMC Off-Campus Study to discuss **financial and budget details** with my emergency contact, parent, or guardian.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## 2. SCHEDULING FORM

Please indicate in the space below the time when you will **not** be available for interviews and meetings in connection with your application. Mark C for class time, and W for work time. Please indicate the *entire block of time* for your commitment and be as *precise* as possible.

Student's Name \_\_\_\_\_

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 8:15					
8:15 – 8:30					
8:30 – 8:45					
8:45 – 9:00					
9:00 – 9:15					
9:15 – 9:30					
9:30 – 9:45					
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3:00 – 3:15					
3:15 – 3:30					
3:30 – 3:45					
3:45 – 4:00					
4:00 – 4:15					
4:15 – 4:30					
4:30 – 4:45					
4:45 – 5:00					

### 3. RÉSUMÉ

Please attach your résumé. Your résumé will be reviewed by a number of individuals, including the CMC Washington Program selection committee. We require that it be professional in content and appearance. It is standard for a résumé to go through multiple revisions.

#### PREPARING AN EFFECTIVE RÉSUMÉ:

- Follow one of the résumé formats most appropriate for your current education and experience. Formats are available at the Career Services Center: <http://csc.claremontmckenna.edu/CSCGuide>. Simply sitting down at a keyboard and listing your accomplishments is not adequate.
- Your résumé should be one page in length; do not submit a multiple page résumé.
- Do not use bordered or colored paper.
- Make good use of fonts. Do not use a font below 11 point.
- Personal information should be limited to name, address(es), and your cell phone number. Make sure your voice-mail message is professional.
- Include an email address that you check regularly. Make sure the email address is professional.
- Home and college addresses should include dates when you can be reached at each.
- Do not include your Social Security number.
- Do not use the pronoun “I” on your résumé.
- Use proactive words for work experience information.  
Examples: <http://csc.claremontmckenna.edu/CSCGuide>.
- Limit high school information.
- College degree: do not use “expected or “anticipated.” Be factual: Bachelor of Arts, major, college, month, year.
- Do not rely on spell check alone. Ask someone else to proof for errors.

### 4. PERSONAL STATEMENTS

1 - On a separate sheet, describe in detail the policy issues in which you are interested and what organizations could serve as a potential internship. You should do preliminary research on several organizations and internships. You should also be sure to make clear in your essay how the potential internships relate to your substantive policy interests. This statement should be typed, single-spaced and between one-half and one page long.

2 - CMC's Washington Program involves a rigorous regimen of work and study in which students live independently, take classes at night, work full-time, and, in general, are not afforded many of the supports of the home campus. Write a brief essay identifying past situations in which you have demonstrated the skills necessary for CMC's Washington Program.

### 5. PHOTO

Submit one color ID-size head and shoulders photo. You may e-mail a digital photograph to [BNanning@cmc.edu](mailto:BNanning@cmc.edu), or submit one 2” x 2” passport-size photo. The photo does not need to be professionally done, but it does need to be respectful (no silly photos/be dressed appropriately).

### 6. TRANSCRIPT

Pomona, Pitzer, Scripps, and Harvey Mudd students need to submit to CMC an official transcript by the application deadline. Upon signing Part I, CMC students give our office permission to obtain transcripts on their behalf for the program, so CMC students do not submit transcripts. The major on your transcript needs to match the major you declare on page 1 of this application. Undeclared is not a major.

### 7. LETTER OF RECOMMENDATION

One confidential letter of recommendation from a faculty member is required. The faculty member should be from one of the Claremont Colleges and should have had you as a student in their class. Please give the faculty recommender the attached form when asking for a letter of recommendation. If you would like to submit an optional second letter of recommendation from an individual knowledgeable about your suitability for an internship you may do so, but it is not required.

Ask your faculty member to forward the letter of recommendation to Off-Campus Study (CMC/Heggblade Center) in a sealed envelope with the signature of the recommender on the outside flap of the envelope.

**FACULTY RECOMMENDATION FORM**

**Due date for Fall '16 Program: 4:30PM, Monday, February 15, 2016**  
**Due date for Spring '17 Program: 4:30PM, Monday, September 19, 2016**

TO THE APPLICANT: Please complete page one and submit the form to a faculty member who is familiar with your academic work and your personal qualifications for the Washington Program.

Many internship applications require letters of recommendation, some do not. If your internships(s) require such letters, it is usually easiest to ask the person who wrote your recommendation for admission to the program. In planning ahead, you might discuss whether it would be inconvenient to send a version of that letter to organizations to which you will be applying. If it is inconvenient, ask permission below to have the Off-Campus Study Office forward a copy of the letter.

Name of Applicant: \_\_\_\_\_ College: \_\_\_\_\_

Major: \_\_\_\_\_

I prefer that this evaluation be:

\_\_\_\_ Open for my inspection

\_\_\_\_ Confidential (right of access waived as provided in the Buckley Amendment). I agree that the Dean of Students may refer to any appropriate information from my records at The Claremont Colleges and the evaluation may be reviewed by those who are involved in the administration of the CMC Washington Program.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FACULTY RECOMMENDATION FORM**

**TO:** THE RECOMMENDER  
**FROM:** Kristen Mallory, Director of Off-Campus Study

The afore-mentioned student has applied for admission to the Claremont McKenna College Washington Program. This is an independent living program with both rigorous work and study components. Students work full-time during the day, attend classes at night and are responsible for their own housing, meals, transportation and social activities. Given the demanding nature of this program, it is critical that we select students who are both capable and willing to endure such a regimen.

Please address your letter of recommendation: Dear Selection Committee or To Whom It May Concern. If you give your permission below this letter may be used for the student’s applications to specific internships. Please return both the letter and this form with your signature and date to Off-Campus Study (Heggblade Center) in a sealed envelope.

**As someone who is familiar with the applicant, we are asking you to address the following questions in your recommendation letter:**

**How long and in what capacity have you known this student?**

**What is your evaluation of this student's general intellectual ability as well as his or her specific writing and analytical skills?**

**What is your evaluation of the maturity level and stability of this student?**

**What is your assessment of the ability of this student to make a smooth adjustment to new and different work, study and living arrangements?**

**Are there any special considerations of which we should be aware in evaluating this student's application to our program?**

Your cooperation in providing this kind of information will help us select students who are an appropriate match for our program. In this fashion, we can continue to build what is already considered one of Washington's strongest internship programs.

The Office of Off-Campus Study at CMC and the Washington Program has my permission to forward my letter of recommendation as needed (Please initial): _____		
_____ Name of Recommender	_____ Signature of Recommender	_____ Date