

Application for Summer 2024 Internship

Thank you for your interest in a Harvard Press summer internship. Please complete this form and return it to John Osborn, Editor, at editor@harvardpress.net. If you need more space, you're welcome to continue your answers on additional pages at the end of this application. Include three published stories that you feel best represent your work. If you have a resume, please send that along as well. We look forward to hearing from you. Once we have received your application, we will set a date for a follow-up Zoom interview.

Applicant Information

Full Name:				Date:		
	Last	First	M.I.			
Address:						
	Street Address			Apartment/Unit #		
	City		State	ZIP Code		
Phone:		Email				
Date you ca start (dd/mm/yyy		Date you mus return to scho (dd/mm/yyyy):	ol			
Some stori	Some stories can be reported remotely, but others may require your presence in person. Do you have the mans to travel to Harvard? How?					
nave the m	ans to travel to Har	vard? How?				
		Education and Experi	ience			
High School	ol:	Address:				
From:	To:	Did you YES No graduate □ □ ?],			
College:		City and state:				
When will	you graduate? _	Degree:				
What is yo	our major? Any min	ors or certificates of study)?				

Harvard Press, 2024 application for summer internship (Continued)	
Have you written for your college newspaper? If so, describe your role as reporter or editor, or both. If you	
had a beat, what was it?	
What journalism or writing courses have you completed. Which was your favorite?	
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Personal Goals	
What new reporting, writing, or editing skills do you hope to develop through your internship with the Harvard	
Press?	
If you could choose your beat or an issue on which to focus for your internship, what would it be?	
What attracts you to journalism?	
what attracts you to journalish?	
Why did you choose to apply to the Harvard Press for a winter internship?	
References	
Please list one reference who is familiar with your writing or work as a student, reporter or editor.	
Full Name:	
Organization:	
Address:	
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Disability of the state of the	
Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge.	
Signature: Date:	