



OFFICE OF THE PRESIDENT  
BOROUGH OF MANHATTAN  
THE CITY OF NEW YORK

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Mark D. Levine, Borough President

### MBPO INTERNSHIP/FELLOWSHIP APPLICATION FORM

Please print and provide all information below.

Student's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I am applying for the >>> **Fall 2024/ Spring 2024 / Summer 2024** Internship/Fellowship (Circle one).

MBPO Assigned Unit Name: \_\_\_\_\_

Start and End Dates for Internship/Fellowship: \_\_\_\_\_

School Name: \_\_\_\_\_

What Year are you in? \_\_\_\_\_

What is your current major/area of study? \_\_\_\_\_

Please include your schedule here:

	DAY	AM	PM
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Intern/Fellow Signature: \_\_\_\_\_ Date: \_\_\_\_\_