
City

State

Zip Code

SUPERVISOR: _____

SUPERVISOR E-MAIL: _____

SUPERVISOR PHONE: _____

DATE AVAILABLE TO BEGIN FULL-TIME FELLOWSHIP: _____

Indicate the office you are seeking to work from: Baltimore _____ Reston _____

BACKGROUND

DO YOU HAVE A US CLEARANCE? YES NO

DO YOU CONSENT TO A BACKGROUND CHECK? YES NO

HIGHEST LEVEL OF EDUCATION

SCHOOL/ COLLEGE/ UNIVERSITY: _____

CITY/ STATE: _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

APPROVED AND AGREED

Agencies and applicants agree to the general terms and conditions outlined in the W/B HIDTA Intelligence Analysts Fellowship Program description. For consideration, applicants are required to submit the following:

1. Statement of Interest; In a separate word document of 1,000 words or less, state your reasons for seeking this fellowship, including areas of interest, skills you want to acquire, and career goals. Explain how this fellowship would support your career goals. (Attach your Statement of Interest document.)
2. Attach your Resume

APPLICANT

SIGNATURE: _____

DATE: _____

AGENCY HEAD/ AUTHORIZED REPRESENTATIVE

SIGNATURE: _____

DATE: _____