



OFFICE OF
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Mark Levine, Manhattan Borough President

MBPO INTERNSHIP AND 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: _____

Email Address: _____

I am applying for the **Fall 2025** **Spring 2025** **Summer 2025** Internship/Fellowship.

MBPO Assigned Unit Name: _____

Start and End Dates for Internship/Fellowship: _____

School Name: _____

What Year are you in? _____

What is your current major or area of study? _____

Please include your schedule here:

DAY	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Intern/Fellow Signature: _____

Date: _____