



112 Elden Street, Suite P  
Herndon, Virginia 20170

## Fellowship Application Form

Please complete the application form and return it by mail or email along with a cover letter, a resumé, and short answer questions.

Applying For: Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

### Personal:

Full Name: \_\_\_\_\_

Name you prefer to go by: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_  
(If different) \_\_\_\_\_

Phone: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_

**Education:**

College Name and Location: \_\_\_\_\_  
\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

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

**Extracurricular Activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Offices, Honors, Awards:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work and/or Volunteer Experience:**

Please list and describe your most recent or most relevant work experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other examples of political and/or policy involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your long-term career goals:

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What is one of your greatest strengths?

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What is one of your weaknesses:

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Please list computer programs that you have worked with:

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**Internship Experience:**

What dates would you be available to Fellow at CBL Center for Conservative Women?

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In general, what do you think the activities of a Fellow should include?

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Are you receiving academic credit for your Fellowship?

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**Short Answer**

*To be completed on a separate sheet of paper. Limit 1 page in length for each. Please attach to your final application submission.*

What would you hope to gain the most from a CBL Fellowship? (required)

Please choose one of the following to answer:

What is the most important policy issue to you and why?

Which conservative woman, past or present, do you admire the most and why?

What conservative principle is the most important to you and why?

Please list three references, who we will call. Provide their name, phone number and relationship to you. Note: Letters of recommendation are not necessary.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Fellowship program? \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please send your completed application package via regular mail, fax, or email to:

Clare Boothe Luce Center for Conservative Women  
Attn. Elizabeth Campbell, Program Officer  
112 Elden Street, Suite P  
Herndon, Virginia 20170  
Fax: (703) 318-8867  
Email: [ecampbell@cblpi.org](mailto:ecampbell@cblpi.org)