



**SUMMER 2021**

**Government Advocacy  
Internship Program**

Application and Information

Simon Wiesenthal Center  
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# **Simon Wiesenthal Center Government Advocacy Internship Program**

*For the summer of 2021, the Simon Wiesenthal Center is proud to announce the sixth year of its one of a kind, local Government Advocacy Internship Program, centered on encouraging and educating the next generation of Jewish youth as to the mechanisms of advocacy via exposure to state and municipal government, politics and advocacy. It will serve twenty-five to fifty college and graduate school-aged students from the New York, Connecticut, and New Jersey regions.*

## **Program Description**

-Interns will have the opportunity to receive **hands-on experience** in the offices of local legislators, governmental agencies and issue-based advocates, to **learn about mechanisms of political movement in a dynamic, intellectually rigorous environment.**

-Interns will participate in **regular workshop sessions** with elected officials, top lobbyists, issue-based advocates, and Jewish communal leaders, to understand the currents of **effective Jewish communal advocacy** through an intergovernmental approach.

-Interns will be **partnered with mentors** who are successful in shaping front-line policy decisions and who are renowned in their fields to gain insight and guidance from an insider perspective. Selected participants will be eligible to earn academic credit by enrolling in a seminar and internship course on their college campus.

## **Program Requirements**

The Simon Wiesenthal Center's Government Advocacy Internship Program will span a period of **eight (8) weeks over each summer.**

Participants will be required to commit at least **four days a week** for their internship from the hours of **9:00 A.M. to 5:00 P.M.**, as well as **one weekly dinner/evening session.**

The program will include an **orientation with the Eastern Director** of the Simon Wiesenthal Center, along with **weekly advocacy training workshop dinner sessions**, to be scheduled throughout the span of the internships.

**At the successful completion of the program's minimum requirements, participants will be provided a financial stipend of \$1500.**

**Applications must be submitted to the Simon Wiesenthal Center-New York Office**

**[swcny@wiesenthal.com](mailto:swcny@wiesenthal.com) by April 16, 2021**

***SIMON WIESENTHAL CENTER GOVERNMENT  
ADVOCACY INTERNSHIP PROGRAM***

**Please type or print clearly:**

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Home**

**Address:** \_\_\_\_\_ **Date of**

**Birth:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_ **Email:**

\_\_\_\_\_

**Current Academic Standing:** Freshman Sophomore Junior Senior

Name of College: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Expected / Received: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

Name of College: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Expected / Received: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_



**\*Please provide two references (One of which should be from a faculty member) evaluating your ability to serve as an intern in the Simon Wiesenthal Center Government Advocacy Internship Program. Each reference should return the recommendation letter to you in a sealed envelope (with the faculty member’s signature across the envelope flap). Please submit the sealed recommendations with your application.**

**\*Please attach a resume that includes your current phone number and email.**

**Application checklist:**

- \_\_\_ Completed application (three pages)
- \_\_\_ Narrative (no longer than 1000 words)
- \_\_\_ Two Confidential Recommendation from Faculty members (in sealed envelopes)
- \_\_\_ Résumé

*All of the information provided is true to the best of my knowledge. I understand that all materials submitted with this application will not be returned and are for use in connection with my acceptance and placement in the Simon Wiesenthal Center’s Government Advocacy Internship Program. I have answered all questions as directed and enclosed all of the required supporting documents. I will notify the program immediately if I withdraw my application for any reason.*

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_