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COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX



6121 Franconia Road
Alexandria, VA 22310

JEFFREY C. MCKAY
LEE DISTRICT SUPERVISOR

Lee District High School Internship Application

Date: _____

Personal Information:

Name

Last: _____ **First:** _____

Address: _____

_____ **Zip Code:** _____

Home Phone: () _____ **Cell Phone:** () _____

High School: _____

Grade: _____

Availability

Start Date: _____

Circle as many days as you are available to intern:

Weekdays: M T W T F

Number of Hours: _____

Do you need academic credit for internship hours? _____

Skills: Please list special skills such as computer, office, language and others.

Please list other relevant work experience: _____

What do you expect to gain from an internship in the Lee District Supervisor's office?

How did you hear about this internship program?

Please complete this form and mail to:

**Office of the Lee District Supervisor
Attn: Scott Robinson
6121 Franconia Road
Alexandria, VA 22310**