

KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS & SMALL BUSINESS DEVELOPMENT

TC 18-14 Rev. 05/2018 Page 1 of 1

MINORITY INTERNSHIP PROGRAM APPLICATION-CERTIFICATE PROGRAM

INSTRUCTIONS: To be considered for the M	inority Internship Program, complete and s	ubmit this application	n along with	
other required documents to:		• •	J	
Kentucky Transportat	ion Cabinet			
MIP Coordinator				
Office for Civil Rights	& Small Business			
Development				
200 Mero Street, 6 th I	Floor West			
Frankfort, KY 40622				
Check each box to confirm that the applicati	on packet is complete.			
☐ Completed application				
☐ High School diploma				
☐ Valid driver's license				
Copy of certificate				
SECTION 1: APPLICANT INFORMATION				
FIRST NAME	LAST NAME	SOCIAL SECURITY #		
			_	
MAILING ADDRESS (street)	CITY	STATE	ZIP	
PHONE	EMAIL			
Indicate which session in which you wish to	enroll			
Fall Spring Summer				
SECTION 2: APPLICANT SIGNATURE AGI	REFMENT			
I certify that all the information given in this		 derstand that a backg	round	
check shall be conducted before any interns	• •	~		
SIGNATURE		DATE	NATE	
SIGNATURE				
SECTION 3: EEO & PROGRAM INFORMA	ATION (Completion of this section is volunta	ry. The information i	s for	
statistical purposes only.)		, , , , , , , , , , , , , , , , , , ,		
How did you learn about the Minority Interr	nship Program? 🔲 Transportation Cabine	t website		
☐ Career/School Fair ☐ Advisor ☐	Word of mouth Other (Specify.)			
RACE: African-American Hispanic	Asian/Pacific Islander American Indi	an/Alaskan Native	White	
SEX: Female Male AGE:				
Pursuant to Cabinet policy GAP-803, the Kentuck kind against any protected class. Furthermore, r			nt of any	
Same any processes states a state of the same and the sam	KYTC Use Only			
Session enrolled: Fall Spring	Summer			
SIGNATURE APPROVAL		DATE		
		-		