



PUERTO RICO FISCAL AGENCY  
AND FINANCIAL ADVISORY AUTHORITY

AAFAF

GOVERNMENT OF PUERTO RICO



Institute for Professional Training  
& Public Fiscal Governance

# APPLICATION FOR INTERNSHIP

✉ [intern.aafaf@aafaf.pr.gov](mailto:intern.aafaf@aafaf.pr.gov)

🌐 [www.aafaf.pr.gov](http://www.aafaf.pr.gov)

Name: \_\_\_\_\_  
Paternal Lastname Maternal Lastname Name M.I.

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number (including area code) Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

FORMAL EDUCATION	INSTITUTION	DEGREE	MAJOR	YEAR

## WORK EXPERIENCE *(Indicate your past employment, beginning with the most recent)*

Name of Employer \_\_\_\_\_

Title of Position \_\_\_\_\_ Period of Employment \_\_\_\_\_

Name of Employer \_\_\_\_\_

Title of Position \_\_\_\_\_ Period of Employment \_\_\_\_\_

## REFERENCES

State the name and telephone number of three persons who know you. At least one of them should be one of your university professors.

LASTNAMES	NAME	TELEPHONE NUMBER

## ADDITIONAL DOCUMENTS

In order to consider this application as complete, the EVALUATING COMMITTEE must receive, at [intern.aafaf@aafaf.pr.gov](mailto:intern.aafaf@aafaf.pr.gov), the following documents: transcript showing grade point average and approved credits, your resume, the required essay (a statement in both the Spanish and English languages, 500 words or less, explaining why they should be considered for the internship program, their knowledge of government operations, and how they would contribute to AAFAF), as well as one (1) letter of recommendation per candidate, (OPTIONAL).

**By signing below, I certify that the enclosed information is true and complete. In addition, I agree to:**

- Comply with the work hours established by, and the rules of the agency where my internship experience takes place.
- Attend all conferences that are given.
- Attend the meetings called by AAFAF's authorized personnel.
- Complete the internship project within the established time frame.
- Submit the reports requested by AAFAF's authorized personnel within the established time frame.
- Fulfill any other responsibility assigned to me as needed by AAFAF.

\_\_\_\_\_  
Applicant's Signature