

Congressman Julia Carson
1535 Longworth House Office Building
Washington, D.C. 20515
(202) 225-4011
INTERNSHIP APPLICATION

Name: _____
Last **First** **Middle**

Permanent Address:

Street **City** **State** **Zip Code**

E-mail address: _____ **Permanent Phone:** (____) ____ - ____

School Address: _____
Street **City** **State** **Zip Code**

School Phone: (____) ____ - ____

Name and Address of Parent(s):

Age: _____ **Date of Birth:** ____ / ____ / ____

Social Security Number: ____ - ____ - ____

EDUCATION:

School: _____

Major: _____

Academic Status: (Fr., Soph., Jr., Sr.) _____

G.P.A.: _____

Will you receive school credit for this internship? _____

EXTRACURRICULAR ACTIVITIES, HONORS, INTERESTS:

WORK EXPERIENCE:(please list in chronological order)

Employer: Position: Duties: Dates:

Other office skills: _____

How were you introduced to this internship?

Will you require assistance in locating housing during your internship? _____

What dates are you available for this internship? _____

REFERENCES:

1. Personal

Name: _____ **Phone:** _____

2. Academic

Name: _____ **Phone:** _____

QUESTIONS:

1. Why are you interested in a Congressional Internship?

2. Describe the role you think the federal government should play in the daily lives of the American people?

Along with this Application, please include the following:

-Resume