

**Congressman Robert B. Aderholt
1433 Longworth House Office Building
Washington, D.C. 20515
(202) 225-4876**

INTERNSHIP APPLICATION

Name: _____
 Last First Middle

Permanent Address: _____
 Street City State Zip Code

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? _____

Are you applying with any other Congressional Offices (House or Senate) or with any other agency for an Internship? If so, please specify: _____

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

What dates are you available for this internship? _____

QUESTIONS: (please feel free to use additional paper)

1. Why are you interested in a Congressional Internship?

(Answer one of the following two)

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

3. What is your political affiliation? What makes you either a Republican or Democrat?