

**Office of Senator Jeff Sessions Application for Internship**  
**Please complete and return by February 2 to:**  
**Senator Jeff Sessions**  
**Intern Program**  
**United States Senate**  
**335 Russell Building**  
**Washington, DC 20510**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Current Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

College or University Attending: \_\_\_\_\_

Current Academic Status (Fr, Soph, Jr, Sr): \_\_\_\_\_

Academic Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Advisor's name and daytime telephone: \_\_\_\_\_

Do you seek academic credit for this internship? (If yes, no stipend will be received): \_\_\_\_\_

Desired Summer Internship Sessions: (please indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice)

\_\_\_\_\_ May 14 – June 8

\_\_\_\_\_ June 11 – July 6

\_\_\_\_\_ July 9 – August 3

Are you applying with any other Congressional Offices (House or Senate), or with an agency for an

internship? If so please specify: \_\_\_\_\_

Parents/Guardian: (Please list the first names of both parents if applicable)

Father's name and address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Mother's name and address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

List any specific areas of the Senate or government that you would like to give major attention to during your internship: \_\_\_\_\_

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Activities and Honors: \_\_\_\_\_

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