

Internship Application

Office of Senator John E. Sununu
111 Russell Senate Office Building
Washington, DC 20510
(202) 224-2841 – phone
(202) 228-4131 – fax
<http://sununu.senate.gov>

Semester (circle one): Fall Spring Summer

Dates available: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

School Phone: _____

Email Address: _____

Citizenship:

a. Are you a U.S. citizen? Yes _____ No _____

b. If no, what type of visa do you hold? _____

Are you a registered voter? Yes _____ No _____

Do you live in New Hampshire? Yes _____ No _____

Do you attend school in New Hampshire? Yes _____ No _____

Availability:

Full time (Monday-Friday, 9a-5p) _____

Part time _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

School currently attending: _____

Grade (as of today): Freshman Sophomore Junior Senior

Major: _____

Minor (if any): _____

Will you be receiving college credit for this internship? Yes No

Honors and Activities: _____

On a separate sheet of paper, please answer each of the following questions in 100 words or less:

- 1. Why do you want to intern for Senator Sununu?**
- 2. What do you hope to learn during your internship?**

Please read the following statement, then sign and date this application:

I certify, to the best of my knowledge, that the information contained above is accurate and complete. I understand that fraudulent information on or attached to this application may be grounds for dismissal from the intern program in this office.

Signature: _____ **Date:** _____

Please attach your resume and any other materials (writing samples, letters of recommendation, transcripts, etc) that you wish to include. Please call Dan LeClair at (202) 224-0397 if you have any questions about this application or the intern program. Thank you for your interest in interning in the office of Senator Sununu.