332 Dirksen Senate Office Building, Washington, DC 20510 (202) 224-2152

Name:		Date of B	Date of Birth:		
Permanent Address:					
Current Address:			Phone:		
				curity # (optional):	
Education					
High School:		Graduatio	Graduation Date:		
• Major/Minor: College:					
			GPA:		
			Graduation Date:		
			_ GPA:		
Will high school/college internship? If yes, please complete to	credit be earne			_ No:	
Professor:		Number:			
Course Name: Total Cre					
Office and session you					
(If you are applying for	more than one	session, number	your choices in or	rder of preference)	
	Fall	Spring	Summer I (mid-may – July 4 th)	Summer II (July 4 th – mid-August)	
Washington, D.C.:					
Chicago:					
Springfield:					
Marion:					

Dates Available:	//	through _	/	
Hours Available:				
Monday:	to		Thursday:	to
Tuesday:	to		Friday:	to
Wednesday:	to			
Signature:				
Date:				

PLEASE INCLUDE YOUR RESUME AND COVER LETTER WITH THIS APPLICATION.