

# U.S. Representative Bill Shuster

## INTERNSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Present Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Mobile Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Permanent Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

School: \_\_\_\_\_ Year / Semester Standing: \_\_\_\_\_

Major / Minor: \_\_\_\_\_ GPA: \_\_\_\_ / \_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Computer Skills: \_\_\_\_\_

### Which office?

	Semester	Year
Washington, D.C. office _____	Fall _____	_____
	Spring _____	_____
Hollidaysburg, PA office _____	Summer _____	_____

**Please return this application, your resume, and cover letter to:**

**Intern Coordinator  
Office of Congressman Bill Shuster  
U.S. House of Representatives  
1108 Longworth House Office Building  
Washington, DC 20515**