



**APPLICATION FOR NOMINATION AS HOUSE PAGE
CONGRESSMAN BOB ETHERIDGE
2ND DISTRICT OF NORTH CAROLINA**

1. **Name** _____
 Last **First** **Middle**

2. **Address** _____

_____ **City** **State** **Zip**

3. **Telephone Number (____)** _____

4. **Date of birth** _____

5. **Names of Parents or Guardians** _____

6. **Address (if different from yours)** _____

_____ **City** **State** **Zip**

7. **High School Attending** _____

_____ **Street Address**

_____ **City** **State** **Zip**

8. **Cumulative High School Grade Point Average** _____

**Please return with your essay and letters of recommendation to:
Congressman Bob Etheridge
225 Hillsborough Street
Suite 490
Raleigh, NC 27603**