Congressional Office 1708 Longworth Building Washington, DC 20515 Office: 202.225.2006 FAX: 202.225.3392

Spokane District Office 10 North Post Street, Ste 625 Spokane, WA 99201 Office: 509.353.2374 FAX: 509.353.2412 Representative Cathy McMorris

Member of Congress



Colville District Office 555 South Main Street, Ste C Colville, WA 99114 Office: 509.684.3481 FAX: 509.684.3482

Walla Walla District Office 29 South Palouse Street Walla Walla, WA 99362 Office: 509.529.9358 FAX: 509.529.9379

## Internship Application

Name:	Date:
Mailing Address:	
Phone:	-
Parent/Guardian Name:	
Mailing Address:	
Phone:	
I am applying for an internship during:     Fall (Sept-Dec)     Spring (Jan-April)     Summer * (May-Aug)     * High school students will only accepted for summer internsh	
College/University attending:	
School Address:	
Major:	Dept. Phone:
Will you receive credit for the internship	o?
How did you hear about our internship	program?

Internship Application – Page 2 Name:	
Activities/Interests:	
What would you like to learn from this internship? Why?	
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Please include with your application:

- Cover letter
- Resume
- At least 2 writing samples
- 2 letters of recommendation

Send the above information to:
Congresswoman Cathy McMorris
10 N Post St, Ste 625
Spokane, WA 99201