

Congressman John Sullivan Internship Application

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

Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address:

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

School Address:

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

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

Email address: \_\_\_\_\_

Which office(s) would you prefer to intern?

- District Office
- Washington, D.C.
- No Preference

Dates available to participate in internship program (please be specific): \_\_\_\_\_

\_\_\_\_\_

College or University: \_\_\_\_\_

Current Year: \_\_\_\_\_

Major: \_\_\_\_\_

Minor (if applicable): \_\_\_\_\_

Are you planning on getting academic credit for this internship? \_\_\_\_\_

If YES, number of course credits you anticipate: \_\_\_\_\_

Name and phone number of program coordinator: \_\_\_\_\_

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*Please include a copy of course requirements/expectations*

Briefly explain why you would like to intern for Congressman John Sullivan:

Please attach a resume, a recent transcript, and at least one letter of recommendation.

Return completed form and attachments to:

**Internships  
Congressman John Sullivan  
114 Cannon House Office Building  
Washington, D.C. 20515**