INTERNSHIP PROGRAM APPLICATION

District Office Application

Congresswoman Nita M. Lowey 18th District, New York

222 Mamaroneck Ave. Suite 310 White Plains, NY 10605 Ph (914) 428-1707 or Fax (914) 328-1505

Please type or p	rint clearly:			
Check one: _	Summer	Fall	Winter/Spring	
(Fa	all and Winter/Sp	oring dates are fle	k sessions in order of proexible because of fewer a -July18July 21-A	applicants)
]	PERSONAL IN	FORMATION	
Name:			1	Date of Birth
Permanent Add	ress:			
City:			State:	Zip:
Current Address				
City:			State:	Zip:
E-Mail Address	: <u></u>			
Phone where yo	ou can be reached	during the day :	()	
Name of most re	ecent College, U	EDUCA niversity or High	ATION School:	
Class:				
College Major/N	Minor:			
GPA:	Fy	nected date of gr	aduation:	

EMPLOYMENT HISTORY

Employer	Position	Start Date	End Date
	<u>REFERENCES</u>		
Name:			
	1		
	State		
City.	State	2 1p	
Name:			
Company:			
	1	Phone ()	
City:	State	e: Zip:	
,			
Name:			
Company:			
Title:			
	1		
City:	State	e:Zip:	

QUESTIONS

Discuss your employment duties and responsibilities in more detail.
Discuss your community and campus activities.
Have you ever participated in an internship? If so, please describe the organization and your duties.
Explain how your personal abilities, interests, experiences and course work would be useful in an internship. Also, describe your career interests.