

**INTERNSHIP PROGRAM  
APPLICATION**

**District Office Application**

**Congresswoman Nita M. Lowey  
18<sup>th</sup> District, New York**

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

Please type or print clearly:

Check one:     Summer             Fall             Winter/Spring

If applying for summer please rank sessions in order of preference  
(Fall and Winter/Spring dates are flexible because of fewer applicants)

May 12-June 13     June 16-July 18     July 21-August 22

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Address (if different): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone where you can be reached during the day :(\_\_\_\_) \_\_\_\_\_

**EDUCATION**

Name of most recent College, University or High School: \_\_\_\_\_

Class: \_\_\_\_\_

College Major/Minor: \_\_\_\_\_

G.P.A.: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

**EMPLOYMENT HISTORY**

<b><u>Employer</u></b>	<b><u>Position</u></b>	<b><u>Start Date</u></b>	<b><u>End Date</u></b>

**REFERENCES**

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

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

