### OFFICE OF CONGRESSMAN G. K. BUTTERFIELD

# STUDENT INTERNSHIP APPLICATION FORM

### **General Information**

Full Name:					
Date of Birth:			Place of Birth:		
Parents' or Guardia	ns' Names:				
Permanent Address	:				
Mailing address: _	Contact Inforn				
		Email:			
About the Int	t <b>ernship</b> re you interested in se	erving?			
Wilson	Williamston	Weldon	Tarboro	Washington, DC	
When are you avail	able for an internship	?			
Fall Term		Spring Term Summer Term			
If no paid positions	are available, would	you be willing to acc	ept an unpaid or vol	untary position?	
Voc	No				

## **Academic Information**

Not including your Gl	PAs will put your ap	plication at a disad	vantage. Please use a 4	1.0 scale to calculate.
High School:	GPA	GPA: Graduation Date:		
High School Address:				
High School Activitie	s:			
College:	GP.	A:	Graduati	on Date:
College Address:				
College Activities: _				
Provious Work	/ Exporionco			
Previous Work Employer:		Date	es:	
Address:				
Duties:				
			ve the ability to work went and software with	well with people in a n which you are familia
Filing systems	Photocopier	Facsimile	Multi-line pho	nes
Outlook	Word	Excel	Access	PageMaker
Other:				

ease state below why you desire a Congressional Internship and provide any additional information thould assist in the selection process.	at

#### References

Please list three refere	ences.	
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Signature		
The information provi	ided is correct and accurate.	
Signature:	Da	te:

### **Submission Information**

Deadlines for application are as follows:
Fall semester: August 15
Spring semester: December 15
Summer semester: January 15

Please submit your application to:

Internship Coordinator
Office of Congressman G. K. Butterfield
413 Cannon House Office Building
Washington, DC 20515

Fax: 202-225-3354

If you have questions, call 202-225-3101.