



Congressman Jerry Moran Internship Application

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Email _____ Date of Birth _____

College Attending _____ Major _____

GPA _____ Year (e.g., Senior) _____ Anticipated Graduation Date _____

Parent/Guardian Names _____

College Address

Street Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Permanent Home Address

Street Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Internship Details

Dates available for internship _____ to _____

Please list the names and phone numbers of the three individuals that are writing letters of reference for you

1.) Name _____ Phone Number _____

2.) Name _____ Phone Number _____

3.) Name _____ Phone Number _____

Please select the office location for which you are applying:

Hays, KS Hutchinson, KS Salina, KS Washington, DC

After filling this form out, please click "print form" and submit this application with a cover letter detailing your interest in public service and describing your internship goals, a complete resume, academic transcript, and three letters of reference.

Please fax all application materials to (202) 225-5124, Attn: Internship Coordinator