

Name _____

Senator Barbara A. Mikulski
1629 Thames St., Suite 400
Baltimore, Maryland 21231

Deadline: October 24, 2008
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APPLICANT CONTRACT

This form is to be completed by the applicant.

As the applicant, I am responsible for the content and deadline of this application.

I certify that the information I have provided in this application is true and complete. I will notify Senator Mikulski promptly if there is any change in any aspect of this application.

No final action will be taken on my application until all required information is received.

Signature: _____

Printed Name: _____

Date: _____