

Intern Application

Senator Roger F. Wicker

487 Russell Senate Office Building, Washington, D.C. 20510-2404

(202) 224-6253 Phone

(202) 228-0378 Fax

Please type or print legibly:

Name: _____
Last First Middle

University/College: _____ Classification: _____

Major: _____ Minor: _____ GPA: _____

School Address & Phone: _____ Permanent Address & Phone: _____

Parent's Name(s): _____

Date of Birth: _____ Social Security Number: _____ US Citizen: _____

Please attach the following to this application:

- Resume. Please specify work experience and campus/community/political activities, if any.
- References (3)
- Statement explaining your interest in Senator Wicker's internship program

Would you be receiving academic credit from your school for participating in this internship program? ____ If yes, briefly outline your specific program requirements and/or restrictions:

Signature: _____ Date: _____

In addition to mailing the original, please fax a copy of your completed application packet to our office.

If selected, please indicate if you would like your information shared with other applicants.

_____ Yes _____ No