



SENATOR CHRISTOPHER J. DODD

INTERNSHIP APPLICATION

(Please Type or Print)

Personal Information:

Education:

NAME _____

COLLEGE CURRENTLY ATTENDING _____

ADDRESS _____

GRADUATION DATE _____ MAJOR _____

CITY _____ STATE _____ ZIP _____

G.P.A. _____ MINOR _____

PHONE _____ SOCIAL SECURITY NUMBER _____

HIGH SCHOOL NAME _____

E-MAIL ADDRESS _____

ADDRESS _____

I AM APPLYING FOR: SPRING (JANUARY-MAY) SUMMER: (MAY-AUGUST) FALL (SEPTEMBER-DECEMBER)

DATES AVAILABLE: _____ THROUGH _____

Honors, Activities, and Experiences:

(attach additional pages if necessary)

SCHOLARSHIP / ACHIEVEMENTS _____

EXTRACURRICULAR ACTIVITIES _____

EDUCATIONAL PLANS (I.E. GRADUATE SCHOOL, ETC.) _____

CAREER OBJECTIVES _____

RELATED POLITICAL EXPERIENCE _____

WORK EXPERIENCE _____

ARE YOU SEEKING ACADEMIC CREDIT FOR YOUR INTERNSHIP? YES NO

ARE YOU FLUENT IN A FOREIGN LANGUAGE? YES NO

DO YOU UNDERSTAND THAT HOUSING AND STIPENDS ARE NOT PROVIDED? YES NO

WILL YOU BE ABLE TO WORK FULL TIME, MONDAY - FRIDAY, 9 A.M. - 6 P.M.? YES NO

IF NOT, PLEASE INDICATE YOUR AVAILABILITY:

MONDAY: _____ TO _____

TUESDAY: _____ TO _____

WEDNESDAY: _____ TO _____

THURSDAY: _____ TO _____

FRIDAY: _____ TO _____

Please prepare and return the following with this application:
 Resume
 Cover Letter
 Two Letters of Recommendation
 *one academic or professional, one personal, from an individual who has known you for five years or more

SIGNATURE _____ DATE _____