## **Intern Application**

(Please type or print and provide all information requested)



## **General Information:**

Name:							
School Address:							
Phone: ()	Above address current until:						
E-Mail:							
Permanent Address:							
Social Security Number:			Date of Birth:				
Parents' Names:							
Phone: ()							
Academic Information:							
High School Name and Location:							
Date (O. d. P.							
Date of Graduation:	GP/	Aand Class Sta	anding:				
Offices, Honors, and Awards:							
**************************************							
College or University:							
Degree Program:	Major:	*3	Minor:				
Cumulative GPA:	(please attach current transcript of grades)						
Current Standing: Freshman	Sophomore	Junior	Senior				
Extracurricular, Community Activities: _							
Military, Volunteer Service:							

During which term do you wish to serve as an intern? (You may list more than one, but indicate priority and year)								
YearF	all Spring	SummerI	Sum	mer II				
Earliest date you would be a	available in Washington:	-						
Last date you would be ava	ilable in <b>W</b> ashington:							
Would you be available full	time? Yes N	0						
Would you be willing to inte	rn in one of our lowa office	es? Yes	No	-				
If yes, which office preferred	d? Des Moines Da	avenport Ceda	ar Rapids	_ Sioux City	Waterloo			
Would you accept an Intern (Note: <u>ALL</u> summer positions a		n? Yes N	lo					
Will you be seeking college	credit for your internship?	Yes No_						
If so, please attach a brief d	lescription of your progran	n's requirements.						
Personal Summa	ary:							
On a separate sheet of pap	er, please answer the follo	wing questions:						
1) What are your profession	nal goals following gradua	ition?						
2) What do you hope to gain from an internship in Senator Grassley's office?								
3) What could you contribu	ute to the office as an inter	m?						
4) Have you ever served as	s an intern elsewhere? (if	so, give details) Yes	N	0				
References: Please attach letters of refe	erence from two persons w	/ho can attest to vour	abilities and c	character. Indicat	e their relation-			
ship to you (professor, emp	loyer, etc.) One should be	primarily professions	al, the other pe	ersonal.				
Signature:			Date:					

Please make certain you have supplied all information requested, attached all materials, and mail to:

Intern Coordinator Senator Charles E. Grassley 135 Hart Senate Office Building Washington, DC 20510

If you have questions, please contact the office at (202)224-3744.