

# THE JOHN LINDER CONGRESSIONAL INTERNSHIP PROGRAM

## APPLICATION FORM

Location to which you are applying:  
Semester for which you are applying:

Washington, D.C.  
 Fall

Gwinnett District Office  
 Spring

Cherokee District Office  
 Summer

Dates you are available \_\_\_\_\_

### GENERAL INFORMATION (TYPE OR PRINT NEATLY)

Name \_\_\_\_\_  
Last First MI

Present Address \_\_\_\_\_  
Street City State/Zip

Present Phone ( ) \_\_\_\_\_ Effective Until / /  
Area Code Number Month Day Year

Permanent Address \_\_\_\_\_  
Street City State/Zip

Permanent Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Area Code Number Area Code Number

College E-mail \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth / / Social Security # - -  
Month Day Year

### ACADEMIC INFORMATION

School 1 \_\_\_\_\_  
State

Dates Attended / / to / / Major  
Month Day Year Month Day Year

School 2 \_\_\_\_\_  
State

Dates Attended / / to / / Major  
Month Day Year Month Day Year

School 3 \_\_\_\_\_  
State

Dates Attended / / to / / Major  
Month Day Year Month Day Year

G.P.A. \_\_\_\_\_ Expected Date of Graduation / / Will you be receiving credit for your internship?  Y  N  
Month Day Year

Academic standing during program  Freshman  Sophomore  Junior  Senior  Graduated  Graduate/Law Student  Other

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### CHECKLIST

Please ensure the following documents accompany your application.

- Resume
- Three (3) letters of recommendation (at least one should be from an academic instructor)
- 250 word essay explaining why you wish to serve as an intern for Representative Linder
- Official School Transcript

Fax completed application to (202) 225-4696 or mail to:

The Honorable John Linder  
Attention: Internship Coordinator  
U.S. House of Representatives  
1026 Longworth House Office Building  
Washington, D.C. 20515-1007