



CONGRESSMAN BEN CHANDLER

Internship Application

NAME: _____
(Last) (First) (MI)

OFFICE: Washington, DC Lexington, KY

INTERNSHIP TERM: Spring Summer Fall

My internship would begin _____ and end _____.
(MM/DD/YY) (MM/DD/YY)

Please complete table with hours you will be available (8am-6pm)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PERMANENT HOME ADDRESS: _____

City/ State/ Zip code: _____

Telephone: Daytime (____) ____ - ____ Evening (____) ____ - ____

Email address: _____

Date of Birth: ____/____/____

EDUCATION

High School: _____

City/State of High School: _____

Date of Graduation: ____/____/____

Unweighted GPA (out of 4.0): _____ Weighted GPA (if applicable): _____

Undergraduate Institution: _____

City/State of College/University: _____

Major: _____

Date of Matriculation: _____ Estimated Date of Graduation: _____

GPA: _____

Graduate Institution(s): _____

(if applicable)

Degree: _____ Expected Date of Graduation: ____/____/____ GPA: _____

Have you ever been a resident of the Sixth Congressional District? If so, where have you lived? _____

Why do you want an internship with Congressman Ben Chandler? (Please answer in the space provided)

How did you become interested in the legislative process, public policy, politics and government? (Please answer in the space provided)

I, _____ have represented myself truthfully on this application and in my application materials.

Signature: _____ Date: _____

Please attach your resume, writing sample and two letters of recommendation. Incomplete or late application packets WILL NOT BE ACCEPTED.