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Please complete, print, and fax or mail this form to the fax number or address below.

# Congressman Paul Ryan

# Congressional Internship Program

Space for Congressional interns is limited. All internships are unpaid. Please fill out the following application and submit all required documents to the address below.

| Full Name:                              | Are you over 18?: ☐ Yes ☐ No       |
|---|------------------------------------|
| CONTACT INFORMATION:                    |                                    |
| Home Address:                           |                                    |
|   |                                    |
| School Address:                         |                                    |
|   |                                    |
| School Phone Number:                    |                                    |
| Cell Phone Number:                      |                                    |
| E-Mail Address:                         |                                    |
| ACADEMIC INFORMATION:                   |                                    |
| Name of School:                         |                                    |
|   |                                    |
|   | Anticipated Graduation Date:       |
| G.P.A                                   | Major:                             |
| Are you interested in obtaining credit  | for this internship? ☐ Yes ☐ No    |
| Please list any special program require | ements necessary to obtain credit: |
| Do you have any computer experienc      | e? Please list:                    |

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### **INTERNSHIP**

| Desired S                  | emester or Term:      |   |
|----------------------------|-----------------------|---|
| ( ) Fa                     | 11                    | Dates of Availability:  |
| ( ) Sp                     | ring                  | Dates of Availability:  |
| ( ) Su                     | mmer                  | Dates of Availability:  |
| Hours per                  | r week:               |   |
| Preferred                  | internship location:  |   |
| ( ) Wa                     | ashington, D.C., Of   | fice  |
| ( ) Jar                    | nesville District Off | ce  |
| <u>REQUIR</u>              | REMENT CHECI          | KLIST:  |
| □ Br<br>in<br>□ Le<br>□ Li | interning with my o   | ation from at least one professor or professional reference es with their addresses and phone numbers |

## Please complete application and return it to:

For Washington D.C Applications Mark Positano 20 South Main Street, Suite 10 Janesville, WI 53545 Fax: 202.225.3393

For Janesville District Office Applications Tricia Stoneking 20 South Main Street, Suite 10 Janesville, WI 53545 Fax: 608.752.4711