

INTERNSHIP APPLICATION CONGRESSMAN BARON P. HILL

Personal Information

Name:

Date of Birth:

Home Address:

Home Phone:

School Address:

School Phone:

Parent or Guardian:

Academic Experience

School Name:

Grade Point Average:

Expected Graduation Date:

Major:

Minor:

Activities/Honors:

Office Skills

Computer Knowledge:

Personal References

1. Name:

Address:

Phone:

2. Name:

Address:

Phone:

Type of Internship Applied For (You may check more than one on the following items)

1. Summer: _____ Fall: _____ Winter: _____ Spring: _____

Dates Available:

2. Washington office: _____ Bloomington office: _____ Jeffersonville office: _____

3. Type of school credit, if any, to be received for intern program participation: