

Congressman John Fleming, M.D.  
Louisiana's Fourth Congressional District



**INTERNSHIP APPLICATION**

**Note: Internships in Congressman Fleming's Office are Unpaid**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_

Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Name/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Hometown/State: \_\_\_\_\_

**Education:**

College/University enrolled: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

High School: \_\_\_\_\_

**Preferences/Availability:**

Office Location: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Session (Please Circle One): Summer / Winter / Fall

Preferred Start/End Dates: \_\_\_\_\_

Availability: \_\_\_\_\_

Number of hours per week \_\_\_\_\_

**\*\*\*Please attach a resume, one page essay/cover letter explaining why you want to intern in the Office of Congressman John Fleming, M.D.**

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

I certify, to the best of my knowledge and belief that the information contained herein and attached to this application, is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.

**Fax to:  
Congressman John Fleming  
Attn: Meghan Marino  
202/225-8039**