

Internship Application

U.S. Congressman

Daniel Lipinski



1717 Longworth Building

Washington, D.C. 20515

(202) 225-5701

Intern Coordinator: Sofya Leonova

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Applying for Internship Session (choose one):

Fall ___ Spring ___ Summer ___

Personal Information

Name: _____

Date of Birth: _____

Gender: M / F: _____

Are you a U.S. Citizen: _____

CONTACT INFORMATION:

Home Address: _____

School Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

Parent/Guardian Name: _____

Academic Information

Please list most recent first

School Name: _____

Year in School: _____

Expected graduation date and degree: _____

Major/Minor: _____

Grade Point Average: _____

Does your school have a formal internship program: _____

Will you receive academic credit for this internship: _____

Previous School Name: _____

Degree and graduation year: _____

Major/Minor: _____

Grade Point Average: _____

Resource Support and Objectives

Do you plan on receiving an outside stipend or scholarship for your internship? If yes, please list your possible sponsor? What are your career objectives? List any relevant community/political activities:

References

Please list two people not related to you who have knowledge of your academic or extracurricular work

Name and position: _____

Email: _____

Phone #: _____

Name and position: _____

Email: _____

Phone #: _____

Please include the following with your completed application form:

1. Resume

2. Cover Letter addressing your interest in working in Congressman Lipinski's Office

3. 2 short writing samples

All documents must be included at time of submission otherwise your application will be considered incomplete.