

U.S Congressman Alan Grayson

Florida Internship Application

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|-----------|-------|
| Telephone | Email |
|-----------|-------|

Are you a Florida resident? ___ Yes ___ No

Are you legally authorized to be in the United States during the period of your internship? ___
Yes ___ No

Education:

| | |
|----------------------------------|--|
| College, University, High School | Year in school/Year Degree to be awarded |
|----------------------------------|--|

| | |
|--------------------------|-----|
| Major Area to be Studied | GPA |
|--------------------------|-----|

| | |
|-------------------------------------|---|
| Languages spoken other than English | List any additional Skills (i.e. computer applications) |
|-------------------------------------|---|

Does your school have a formal intern program? ___ Yes ___ No

Credits available? ___ Yes ___ No If credits are available, how many? _____

| | | | |
|----------------|-------|-------|-----|
| School Contact | Email | Phone | Fax |
|----------------|-------|-------|-----|

Emergency Contact:

| | | |
|------|----------|-------|
| Name | Relation | Phone |
|------|----------|-------|

Please submit the following with your application:

- Resume.
- Two letters of recommendation.
- Personal statement typed, outlining why you wish to participate in the internship program. (*No longer than one page*)

If accepted as an intern, I understand and agree that I am being provided an opportunity to perform services in the office of U. S. Congressman Alan Grayson on a gratuitous basis, and that I will not be receiving any compensation in return for the services that I perform. I further agree to abide by the rules and regulations for the office of U. S. Congressman Alan Grayson.

Signature

Date