



CONGRESSMAN MAC THORBERRY

Internship Application Process

- Fill out attached form completely
- Include your resumé
- Fax all of the above to the following address:

Rep. Mac Thornberry
Attn: Kelly Buck
Phone: 202-225-3706
Fax: 202-225-3486



PLEASE INDICATE IN WHICH OFFICE YOU WOULD LIKE TO SERVE AS AN INTERN FOR U.S. REP. MAC THORNBERRY:

AMARILLO, TX WICHITA FALLS, TX WASHINGTON, DC

PLEASE INDICATE WHICH SEMESTER YOU ARE APPLYING FOR:

SPRING SUMMER FALL

Name: _____
FIRST MIDDLE LAST NICKNAME

Address: _____
(permanent)
CITY STATE ZIP

Phone: _____

Address: _____
(school)
CITY STATE ZIP

Phone: _____ Classification: _____

SSN: _____ Date of Birth: _____

Parent(s) Name(s): _____

Parent(s) Address: _____

Parent(s) Phone: _____

The beginning and ending dates you are available:

_____ to _____

List three references we may contact:
(Please include name, address, and phone number.)

1. _____

2. _____

3. _____
