



Congressman Gus M. Bilirakis

Internship Application

Name: _____

Address: (Home) _____

(School) _____

Telephone: (home) _____ (School) _____

Email Address: _____

Name of College/University: _____

Year in School: _____

Will you be receiving academic credit for your internship? YES ___ NO ___

Name of supervising professor: _____

Telephone number of supervising professor: _____

References:

(1) Name: _____

Relationship: _____

Telephone: (Home) _____ (Work) _____

(2) Name: _____

Relationship: _____

Telephone: (Home) _____ (Work) _____

What do you wish to gain from your experience as a congressional intern?

What current issues interest you most?

- 1) _____
- 2) _____
- 3) _____

Are you willing to take an unpaid internship? YES _____ NO _____

What dates are you available to serve as a congressional intern?

1st choice: _____

2nd choice: _____

**PLEASE MAIL OR FAX THIS APPLICATION AND YOUR RESUME
TO MY OFFICE:**

Congressman Gus M. Bilirakis
Attention: Elise Gately, Internship Coordinator
35111 US Hwy 19 N Suite 301
Palm Harbor, FL 34684
Fax: (727) 784-6471
Phone: (727) 773-2871