Application for Congressional Internship

Office of Congressman Bobby L. Rush

| Name: | | |
|--|--------------------------|------------------------------|
| Permanent Address: | | |
| City: | State: | Zip Code: |
| Home Telephone Number: | | Cellular Telephone Number: |
| Email Address: | | Date of Birth: |
| Parent/Guardian Name: | | Parent/Guardian Telephone: |
| School Name: | | |
| Major: | | Year of Graduation: |
| Dates Available for Internship: Days and Hours Available: | | |
| Please indicate the office in which ye | ou would like to intern | : D.C. Office Chicago Office |
| Acceptance Notification Needed By: | | |
| Briefly explain why you would like | to intern for Congressor | nan Robby I. Rush |
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| Are there any specific legislative topics that interest you? | |
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| Describe your personal interests. | |
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Please attach your resume to this application. Prospects must be 18 years or older and attend an accredited college or university.

If applying for an internship in the Washington D.C. office please mail the application to:

Congressman Bobby L. Rush 2416 Rayburn HOB Washington D.C. 20515

If applying for an internship in the Chicago District office please mail the application to:

Congressman Bobby L. Rush 700-706 E. 79th. St. Chicago,IL60619