REP. HUELSKAMP INTERNSHIP APPLICATION

PERSONAL INFORMATION

First Name:							
Middle Name:							
Last Name:							
E-mail Address:							
Age:							
Date of Birth:							
Social Security No	mber:						
PERMANEN ⁻	ADDRESS						
Street Address:							
City:							
State:							
Zip Code:							
Home Phone:							
Cell Phone:							
SCHOOL ADDRESS							
Street Address:							
City:							
State:							
Zip Code:							
Home Phone:							
Cell Phone:							

SCHOOL INFORMATION

College or University:					
Current Year of College:					
Graduation Date:					
Major:					
Minor (if any):					
G.P.A.:					
INTERNSHIP OFFICE Please rank the following of		_	preference (1=	First Choice, 4= Last Choice):	
Washington, DC:					
Dodge City, KS:					
Hutchinson, KS:					
Salina, KS:					
INTERNSHIP DATE Please mark the internship of Spring Session (January Session I Summer Session I Summer Session I Fall Session (Augusta)	session for which nuary-May): (May-July): I (July-August):	_	ying (You may m	ark more than one):	
DEADLINES & OTH	ER REQUIR	EMENTS			
Spring Session:	October	1 st			
Summer Session:	March 1	5 th			
Fall Session:	July 1 st				

Please include the following with this application form:

- 1. A cover letter stating your interest in this internship and any political issues of importance to you.
- 2. An updated resume with all prior work experience/activities listed.
- 3. Three references included on your resume.
- 4. One letter of recommendation from one of the references provided. (May be sent directly by the reference if desired)

*Please Note that preference is given to residents of Kansas.

Due to mail irradiation procedures, most mail takes several weeks to arrive. Therefore, please email the completed application to KS01.internship@mail.house.gov or fax to (202) 225-5124, Attention: Internship Coordinator. Should you have further questions, you may reach the office at (202) 225-2715. Thank you for your interest in interning with our office.