INTERNSHIP APPLICATION

Personal Information

Name:		
E-mail Address:		Phone:
Parent(s)' or Guardian(s)' Names:	
Parent(s)' or Guardian((s)' Address:	
Parent(s)' or Guardian((s)' Phone:	or
•	s and times you are available: Fa Immer internships are full-time p	ll/spring applicants are required to wor
From (date):	to (date):	M T W Th F
	am/pm to	am/pm
Office Preference: Balt	imore: Washington, [O.C.:
-	nces (Washington Office of eference for session assignment.	andidates only)
Sessions		
Fall Semester:	Spring Semester:	Summer Semester:
Are you applying to an	y other Senate office internships	this summer? Ves: No.

School Information

College or University:	Status next fall: Fr. So. Jr. Sr.	
School Address:		
Major/Minor:	GPA:out o	of
If in high school, name of school and status:		

Resume Information

Please submit a resume with your application. If you would like to go into greater detail on any aspect of your resume, please do so on a separate sheet of paper and submit with your resume.

Writing Samples

Please submit a one page summary on why you would like to intern in Senator Cardin's office.

Please submit a one page letter that you have drafted as an answer to a constituent concern. Pick a topic of your choice and don't worry about selecting something controversial. The letter should be addressed to a Maryland constituent from Senator Cardin. (For example, a letter to Sue B. from Frederick, MD, regarding her concerns about health care costs).