UNITED STATES REPRESENTATIVE JUSTIN AMASH THIRD DISTRICT OF MICHIGAN

 WASHINGTON OFFICE:

 114 CANNON HOB

 WASHINGTON, DC 20515

 PHONE: (202) 225-3831

 FAX:
 (202) 225-5144



GRAND RAPIDS OFFICE: 110 MICHIGAN STREET NW, SUITE 460 GRAND RAPIDS, MICHIGAN 49503 PHONE: (616) 451-8383 FAX: (616) 454-5630

INTERNSHIP PROGRAM

Summary

United States Representative Justin Amash is pleased to offer internships in his District Office to Michigan's Third District college students. Internships in the District Office are available yearround and require a minimum period of three months. Internships are unpaid; but interns may receive academic credit through their colleges. Applicants should inquire directly to his/her college about requirements and programs for academic credit. The District office accepts applications year-round.

Duties and Responsibilities

Intern duties include, but are not limited to: answering phones, responding to constituent inquiries, attending community events, and conducting research. The District Office is open Monday through Friday from 9:00 a.m. to 5:00 p.m. Interns hours will be dependent on individual schedules.

Instructions

- Please completely fill out the application below.
- Please submit a cover letter, resume, and writing sample explaining your interest in the internship program and how it would help you achieve your academic or career goals.
- Return signed application, cover letter, resume, and writing sample to:

Office of U.S. Representative Justin Amash 110 Michigan Street NW Grand Rapids, Michigan 49503 Reference: Intern Coordinator Email: Mi03.internship@mail.house.gov

For further information please contact Jordan Bush via phone at (616) 451-8383 or via email at Jordan.Bush@mail.house.gov.

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APPLICATION

Name:		
Home Address:		
City:	State:	Zip:
Telephone:	Email:	
College Name:		
College Address:		
Year in School:		
GPA: Major: _	Minor:	
Internship Location: C	rand Rapids, Michigan Tashington, DC	
I hereby certify that all the info	mation provided in this application is	accurate.

Signature: ______
Print Name: _____

Date: