

## Congressman Michael McCaul Internship Application

First Name Mi		e Name	Last Name
Permanent Address			
City	State		Zip Code
How long have you live	d at this address?		Date of Birth
<b>Primary Telephone</b>	Cell Pr	none	Email address
Parents' Names			
Parents' Address			
College / University Attending			High School Attended
Major	Minor	Overall GPA	Current Classification
Significant high school	/ college activities		
U.S. Citizen: Y	esNo		
Preferred Office Locati	on: (Please list 1 <sup>st</sup> a	nd 2 <sup>nd</sup> choice if intereste	ed in both locations)
Washing	ton, DC	Austin	
When are you available	e for an internship?	•	
Fall Sem	ester	Spring Semester _	Summer Semester

	Name	Phone Number			
		Phone Number	Relationship		
2.					
	Name	Phone Number	Relationship		
3.					
	Name	Phone Number	Relationship		
	onnaire – On a separate soum for each question)	heet of paper, please answer the follow	ring questions (250 words		
1.	What do you hope to gain from working as a congressional intern in Congressman McCaul's office?				
2.	Please describe your political philosophy.				
3.	Who in politics do you admire most (from any time period) and why?				
4.	What issue facing America is most important to you and why?				
5.	What qualifications and experience would you bring to this internship program?				
I herel	by certify that all the info	ormation provided in the application	is accurate:		
Signatu	ure	Date	e		

## ALONG WITH THIS APPLICATION AND ANSWERS TO THE ABOVE QUESTIONNAIRE, please send the following:

- **Current resume and cover letter**
- Current transcript (preferred)

Please list three references:

Two letters of recommendation

## Please return application and required documents to Congressman McCaul's Austin Office:

ATTN: Internship Coordinator 5929 Balcones Drive, Ste. 305 Austin, Texas 78731 PHONE: (512) 473-2357 FAX: (512) 473-0514