



GRADUATE INTERNSHIP PROGRAM APPLICATION FORM

Please attach with application, a resume listing two references (personal, professional or academic) Application may be faxed to: (202) 225-2034 or emailed to veterans.internships@mail.house.gov

GENERAL INFORMATION (Type or Print)

Name: _____
Last First Middle Initial

Present Address: _____
Street City State/Zip Code

Preferred Phone Number: _____ DOB: _____
Please include Area Code D/M/Yr

Availability (Please Circle): Monday Tuesday Wednesday Thursday Friday

Start Date: _____ End Date: _____

Email Address: _____

ACADEMIC INFORMATION:

High School: _____ GPA _____
School Name City State

College/University: _____
School Name City State

Major: _____ Minor: _____ GPA: _____

Expected Graduation: _____/_____

Academic Standing: (Circle One) Freshman Sophomore Junior Senior



APPROXIMATE HOURS PER WEEK:

General On-Site Hours	Monday	Morning	Hours:	Afternoon	Hours:
	Tuesday	Morning	Hours:	Afternoon	Hours:
	Wednesday	Morning	Hours:	Afternoon	Hours:
	Thursday	Morning	Hours:	Afternoon	Hours:
	Friday	Morning	Hours:	Afternoon	Hours:

PLEASE SUBMIT YOUR ANSWER THE FOLLOWING IN WRITING:

1. Please tell us about any experiences, talents, or previous jobs that you believe are relevant to being an intern for the Committee and for working on Capitol Hill.
2. What do you believe is the proper role of the legislative branch in addressing the issues facing the Nation?
3. Please tell us specifically why you wish to intern for the Committee on Veterans' Affairs.

SIGNATURE OF APPLICANT: _____ **DATE:** _____