## Office of Congressman Bruce Braley Internship Application

Summer

Fall

Spring

## Please indicate your Internship Session and Location preferences:

Internship Session: (choose one)

Internship Location:	Washington D.C.	Waterloo	Cedar Rapids	Dubuque
PERSONAL INFORM	ATION:			
Name:				
Date of Birth:				
Permanent Address:				
Phone #	Email:			
Current Address:				
Current Phone #:	(	Cell Phone #:		
Parent/Guardian Name:	:			
Parent/Guardian Phone	:			
ACADEMIC INFORM				
School Name:				
Year in School:		GPA:		
Major/Minor:				
Expected Graduation D	ate & Degree:			
Activities:				
Relevant Community or	Political Activities:			

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## **ADDITIONAL INFORMATION:**

Date Available to Start	Choose One:	Full Time	Part Time
Part Time, please give availability: _			
Will you receive academic credit for this into	ernship?		
Do you plan to receive outside funding for If yes, please name source:			
REFERENCES: Please list two references, of no relation to yo work.	ou, with knowledge of your	academic and	or extracurricular
Reference 1			
Name:	Position:		
Email:	Phone #:		
Reference 2:			
Name:	Position:		
Email:	Phone #:		
Why are you interested in an Internship w	vith Congressman Braley	?	
Please include a resume and cover letter v	with this application.		

Send application materials to Congressman Braley's office via fax or email.

ATTN: Intern Coordinator

Fax: (202) 225-6666

Email: Braley.Internships@mail.house.gov