

**Congressman Chris Van Hollen - Internship Program Application**

Please complete this application and return it with the following documents:

- Cover letter
- Resume
- Writing sample of 1-2 pages in length

Please fax or mail your completed application to me at:

FAX: 301-424-5992  
MAIL: 51 Monroe Street, Suite 507  
Rockville, MD 20850  
ATTN: Internship Coordinator

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Please send any correspondence to the following address: \_\_\_\_\_

\_\_\_\_\_

My Permanent address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Current Phone: \_\_\_\_\_

For which session are you applying?

\_\_\_\_\_ Fall (Sept. – Dec.)                      \_\_\_\_\_ Spring (Jan. – Apr.)

Where do you prefer to intern?

\_\_\_\_\_ No Preference                      \_\_\_\_\_ Capitol Hill                      \_\_\_\_\_ Rockville

Hours of Availability:

Monday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

## ACADEMIC INFORMATION

Name of Institution: \_\_\_\_\_

School Address: \_\_\_\_\_

Current Standing: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Major: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

Graduate Program \_\_\_ if so, what degree? \_\_\_\_\_

Will you earn academic credit for this internship? \_\_\_ Yes \_\_\_ No

If so, how many credit hours? \_\_\_\_\_

**IF NECESSARY, USE ADDITIONAL PAPER TO ANSWER THE FOLLOWING:**

How did you hear about internship opportunities with Congressman Van Hollen?

Please briefly explain why you would like to intern for Congressman Van Hollen:

Do you have any prior political/government experience(s)? If yes, please briefly explain:

What do you hope to get out of your internship experience?