****

**DISTRICT OFFICE CONGRESSIONAL INTERNSHIP APPLICATION**

|  |  |
| --- | --- |
| APPLICATION COMPONENTS:[ ] Internship Application[ ] Cover letter[ ] Résumé[ ] Two writing samples[ ] Two letters of recommendation | APPLYING FOR INTERNSHIP TERM:[ ] Winter[ ] Spring[ ] Summer (open to high school students)[ ] Fall |

**Personal Information:**

|  |  |
| --- | --- |
| Name: *Click here to enter your name* | Date: *Select date* |
| Mailing Address: *Click here to enter address* |
| Email Address: *Click to enter email address* | Phone: *Click here* |
| Parent/Guardian: *Click here to enter name of Parent/Guardian* | Phone: *Click here* |

Permanent Address: *Click here to enter permanent address*

**Academic Information:**

University: *Click here to enter name of university*

Mailing Address: *Click here to enter university mailing address*

|  |  |
| --- | --- |
| Major: *Click here to enter major* | GPA: *Click here* |
| Department: *Click here to enter department name* | Phone: *Click here* |

Expected Graduation Date: *Select date*

Are you seeking academic credit for this internship? Yes [ ]  No[ ]

**Name the political leader (living or deceased) whom you most admire:**

(Limit your answer to 60 words)

**Tell us about some of your activities and interests:**

**(**Limit your answer to 90 words)

**Briefly indicate why you would like an internship with Congresswoman McMorris Rodgers:**

**(**Limit your answer to 90 words)

**What would you like to learn from this internship? Why?**

**(**Limit your answer to 90 words)

**How did you hear about our internship program?**

**(**Limit your answer to 45 words**)**

**ACKNOWLEDGEMENT OF EXPECTED TIME COMMITMENT**

I have read the District Office Congressional Internship Program Description and understand the

time commitment requirements. My internship will begin and end as determined by my academic

institution for the term for which I am accepted. I understand that it is my responsibility to make

transportation and parking arrangements. Should I be accepted, I am committing to work for at

least 10 hours per week.

|  |  |
| --- | --- |
| *By entering your name here, you agree to the above Acknowledgement*Prospective Intern Signature | *Click to select date*Date |

**EMAIL THE ABOVE APPLICATION AND ADDITIONAL ITEMS TO:**

Jessica.laughery@mail.house.gov

Subject Heading: DO Internship: Term, Year: Last Name, First Name