

UNDERGRADUATE 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

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Last		First	Middle Initial		
Present Address:Street		City		State/Zip Code	
Dueferund Dhene Number				, 1	
Preferred Phone Number: _	Please include Area Code		וטע	D/M/Yr	
Availability (Please Circle):	Monday	Tuesday	Wednesday	Thursday	Friday
Start Date:	Er	nd Date:			
Email Address:					
ACADEMIC INFORMATION	<u>[:</u>				
High School:				GPA	
School Na	me	City	Stat		
College/University:School	l Name	C	ity	State	



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 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 APPLICA		DATE:							