## CONGRESSWOMAN NIKI TSONGAS Third Congressional District – Massachusetts



## APPLICATION FOR INTERNSHIP

Session you are applying for (please highlight):

☐ Fall (Sept. – Nov.)

Location you are applying for (please highlight):

□ Washington, D.C. Office

☐ Lowell District Office

NAME					
Last:	First:	First:		Middle:	
PERMANENT STREET A	ADDRESS:	SCI	HOOL/MAILING ST	REET ADDRESS:	
PRIMARY PHONE:			CELL PHONE:		
PRIMARY E-MAIL ADDRESS:			SCHOOL E-MAIL ADDRESS:		
Educational Informat	tion		<u> </u>		
High school/University	Major/Minor		Dates of Attendance	e Graduation Date	

All Applicants please check after reading:	
<ul><li>interns;</li><li>internships with Congresswoman Tsongas</li></ul>	ot able to provide parking or transportation for are unpaid; and credit at the discretion of his/her educational
Will you be receiving academic credit for this internship?  O Yes  No  How did you hear about Congresswoman Tsongas' Internship Program? (please highlight)  Our website: www.house.gov/tsongas  A friend or family member  School Administrator or teacher  Community Organization  A former intern (Name):  Other:	If selected:  What month can you begin?  When must you end?  Days/Time Available:  Monday:  Tuesday:  Wednesday:  Thursday:  Friday:
Why do you want an internship with the	Office of Congresswoman Niki Tsongas?

What experience would you bring to this internship?				
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What issues of politics/government are you most interested in?				
Once application is complete, please e-mail Rachel Colucci				
(Rachel.Colucci@mail.house.gov) or fax your application and the following documents to the office within which you are interested in interning:				
the office within which you are interested in interiming.				
Completed Application Resume Cover Letter Writing Sample				

## Congresswoman Niki Tsongas Attn: Intern Coordinator 1714 Longworth House Office Building Washington, DC 20515

Phone: 202-225-3411 Fax: 202-226-0771 Congresswoman Niki Tsongas

Attn: Intern Coordinator

Lowell District Office
126 John Street, Suite 12

Lowell, MA 01852

Phone: 978-459-0101 Fax: 978-459-1907

Signature of Applicant	Date	
For Office Use Only:		
☐ Completed Application		
☐ Resume		
☐ Cover Letter		
☐ Writing Sample		
☐ Interview Date:		
Action:		