

INTERNSHIP APPLICATION

Contact Information*

First Name: _____

Last Name: _____

E-mail address: _____

Home address: _____

(Street, Apt., City, State, Zip Code)

Phone number: _____

Additional Information*

Date of Birth: _____

(MM/DD/YYYY)

Preferred Office Location:

District Office

Washington, DC

Internship term:

Spring

Summer

Fall

Preferred start date: _____

Preferred end date: _____

Weekly availability (Monday through Friday from 9:00am to 6:00pm):

Skills Applicable to Internship

Academic Information

School(s) attending: _____

Is academic credit available for internships?

Yes

No

Graduation date: _____

(MM/DD/YYYY)

GPA: _____

Intended Major: _____

Honors/Activities:

Career objectives:

Advisor's name: _____

Reference(s): _____

Note: Submit this completed form to respective District or Washington, DC Intern Coordinator via email. You must include updated resume, writing sample, and (optional) letter of recommendation along with this application.

If you are applying as a paid-intern in our Washington, DC office, please review the [Payment Document](#) and submit either active FAFSA or Statement of Financial Need by internship application deadline.