OFFICE OF CONGRESSMAN JOHN LEWIS

INTERNSHIP APPLICATION (Items in *ITALICS* are Optional)

NAME: Mr. Ms. PERMANENT (HOME) ADDRESS: LOCAL (SCHOOL) ADDRESS: PRIMARY PHONE: SECONDARY
PERMANENT (HOME) ADDRESS: LOCAL (SCHOOL) ADDRESS: PRIMARY PHONE: SECONDARY PHONE: EMAIL: COLLEGE/UNIVERSITY: ACADEMIC MAJOR: Sophomore
PRIMARY PHONE:
PRIMARY PHONE: SECONDARY PHONE: EMAIL: COLLEGE/UNIVERSITY: ACADEMIC MAJOR: ACADEMIC YEAR: Freshman Sophomore Junior Graduate YEAR OF GRADUATION: CUMULATIVE GPA: AVAILABLE TIMEFRAME FOR INTERNSHIP:
EMAIL: COLLEGE/UNIVERSITY: ACADEMIC MAJOR: ACADEMIC YEAR:
EMAIL: COLLEGE/UNIVERSITY: ACADEMIC MAJOR: ACADEMIC YEAR:
COLLEGE/UNIVERSITY: ACADEMIC MAJOR: ACADEMIC YEAR: Freshman Sophomore Junior Senior Graduate YEAR OF GRADUATION: CUMULATIVE GPA: AVAILABLE TIMEFRAME FOR INTERNSHIP:
COLLEGE/UNIVERSITY: ACADEMIC MAJOR: ACADEMIC YEAR: Freshman Sophomore Junior Senior Graduate YEAR OF GRADUATION: CUMULATIVE GPA: AVAILABLE TIMEFRAME FOR INTERNSHIP:
ACADEMIC YEAR: Freshman Sophomore Junior Senior Graduate YEAR OF GRADUATION: CUMULATIVE GPA: AVAILABLE TIMEFRAME FOR INTERNSHIP:
ACADEMIC YEAR: Freshman Sophomore Junior Senior Graduate YEAR OF GRADUATION: CUMULATIVE GPA: AVAILABLE TIMEFRAME FOR INTERNSHIP:
AVAILABLE TIMEFRAME FOR INTERNSHIP:
GENERAL COMMENTS OR SPECIAL CONSIDERATIONS:

<u>To Apply</u>: In addition to this form, please attach your current résumé, a statement of interest/ cover letter, a brief writing sample on policy issue of your choice, and a copy of your transcripts to Office of Congressman John Lewis, Internship Program, 343 Cannon House Office Building, Washington, DC 20515 or you may fax all information to (202) 225-0351.