



## Congressman Andy Harris, M.D. (MD-01) Internship Application

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### College Information (If Applicable)

Attending Academic Institution \_\_\_\_\_ Major \_\_\_\_\_

GPA \_\_\_\_\_ Year \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Internship Details

Requested Session: \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Days Available \_\_\_\_\_

Please check the preferred office location for which you would like to work:

\_\_\_\_\_ Kent Island \_\_\_\_\_ Bel Air \_\_\_\_\_ Salisbury \_\_\_\_\_ Washington, D.C.

### Requested Documentation

- 1) Cover letter and resume
- 2) Internship goals
- 3) Two letters of recommendation from individuals familiar with your work/academics, such as recent professors or former employers

Parent/Guardian Printed Name(s) \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

10.28.11