

**OFFICE OF SENATOR TOM CARPER  
PAGE APPLICATION**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent(s)' or Guardian(s)' Names: \_\_\_\_\_

Parent(s)' or Guardian(s)' Address(es) (if different than above):  
\_\_\_\_\_

Parent(s)' or Guardian(s)' Phone: \_\_\_\_\_ or \_\_\_\_\_

**SCHOOL INFORMATION**

High School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

GPA: \_\_\_\_\_ out of \_\_\_\_\_

**SESSION PREFERENCE**

Session of interest (check one):

Spring Session      Summer Session I      Summer Session II      Fall Session

**DELAWARE CONNECTION**

Please explain your connection to the State of Delaware:

\_\_\_\_\_  
\_\_\_\_\_

**WORK ELIGIBILITY**

Are you a U.S. citizen or otherwise legally authorized by the United States to be working in the United States and hold valid Social Security number?

Yes                  No

**CERTIFICATION**

I certify that all of the information I have supplied on this application is true, correct, complete and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application, or the withholding or omission of any information requested on this application, may be grounds for not considering me for a page position.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**