Internship Application

Congressman Ada			
	hip session: can be moved) pril): t) Fall (September-D GGRESSMAN ADAM SMITH IS	December)	
First	Middle Initial	Last	
Local Mailing Addres	s:		
Local Phone #:	Email Ado	lress:	
Permanent Phone #:			
Birth date:	US Citizen:		
Academic Information	on		
Please list most recen	t first.		
School Name:			
Graduation Year (or d	ate of expected graduation): _		
Major/Minor:		Grade Po	int Average:
Does your school have	e a formal internship program	?	
Please return to:	Salem Mariam, Internship Email: Salem.Mariam@ma		

Will you receive academic credit for this internship?			
School Name:			
Graduation Year (or date of expec	ted graduation):		
Objectives What are your career objectives?			
Relevant community/political acti	vities:		
that you will be using as your letter. Name and position:			
	Phone # :		
	Phone # :		
	ume, cover letter addressing your interest in working letters of recommendation, and writing sample along form.		

Please return to: Salem Mariam, Internship Coordinato

Salem Mariam, Internship Coordinator Email: Salem.Mariam@mail.house.gov