Internship Application

Thank you for your interest in applying for an internship position with the Majority Staff of the House Budget Committee.

Please submit your Application, Resume, One Page Writing Sample, and Cover Letter as one package to budget.interns@mail.house.gov

Alternatively, you may mail your application package to:

House Budget Committee
Attn: Leon Striker
B-234 Longworth House Office Building
Washington, DC 20515

Applications are due by the following dates:

Summer Term - March 1
Fall Term - July 15
January Term - November 16 (Internship Dates are Jan. 2 - Jan. 31)
Spring Term - November 16

Contact Information

| Last Name: | First: | Date: |
|-------------------------------------|------------------------|-----------|
| Current Address: | | Apt/Unit: |
| City: | State: | Zip: |
| Email address: | Preferred Phone | • |
| Emergency Contact: | | |
| Will you be receiving credit for th | is internship? Yes | No |

Availability

| Please check semesters of availability: | | | | | | | | |
|---|--------|---------|-----------|----------|--------|--|--|--|
| Fall Spring Summer Other, please explain: | | | | | | | | |
| Please check your general availability | Monday | Tuesday | Wednesday | Thursday | Friday | | | |

| low did you hear | | | | | |
|---------------------------------|---------------|----------------|---------------------|---------------------|-------------|
| n a brief paragrap ommittee. | oh, explain w | hy you would l | ike to intern for t | he House Budg | et |
| lave you worked | | | | Yes | |
| Vill you be receivi | ng credit for | your internshi | p through your so | chool? | Yes No |
| estions | | | | | |
| Email Address | | | | | |
| Phone Number | | | | | |
| Relationship | | | | | |
| Job Title | | | | | |
| Name | | WOIKE | tererence | | |
| Email Address | | Mark E | Reference | | |
| Phone Number | | | | | |
| Relationship | | | | | |
| Job Title | | | | | |
| Name | | | | | |
| • | | | c Reference | | , |
| erences Please provide | one work a | nd one acad | emic reference | • (Please no family | or friends) |
| (approx. 1-5) | | | | | |
| (approx. 9-1) Afternoon | | | | | |

Certification

| In signing below, I certify that the information provided in the accurate. | his application is |
|--|--------------------|
| Signature of Applicant | Date |