

CONGRESSMAN HUIZENGA

INTERNSHIP PROGRAM



Name: _____

Permanent Address: _____

Current Address: _____

Telephone Number: _____

Cell Phone Number: _____

Email: _____

Birth Date: _____

High School Attended: _____

Year of Graduation: _____

College or University: _____

Expected Graduation Date: _____

Major/Degree: _____

Minor: _____ GPA: _____

District or Washington, D.C. Internship: _____

College Leadership Roles, Activities, Achievements, and Interests:

In which internship term(s) are you interested?

- ___ Fall
- ___ Spring
- ___ Summer

Please include the days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Hours:					
Afternoon Hours:					

Do you expect to receive college credit for this internship? Yes No

If yes, please explain the conditions required for credit to be granted:

What is the name and phone of your program coordinator: _____

Please attach the following to your application:

1. A brief essay (250 words or less) explaining why you would like to intern with Congressman Huizenga
2. A current resume
3. A list of three references with phone numbers and email addresses included

Signature: _____ Date: _____

District Applicants – please email copy to Presley.Scholten@mail.house.gov
Washington, D.C. Applicants – please email copy to Lexi.Willison@mail.house.gov

If you have any questions, please contact Presley Scholten in the Grandville District Office at 616-570-0917.