

U.S. Representative Bill Shuster

INTERNSHIP APPLICATION

Date: _____

Name: _____ Age: _____

Present Address: _____

E-mail Address: _____

Present Phone Number: (____) ____ - _____ Mobile Phone Number: (____) ____ - _____

Permanent Address: _____

Permanent Phone: (____) ____ - _____

School: _____ Year / Semester Standing: _____

Major / Minor: _____ GPA: ____ / ____

Expected Graduation Date: _____

Extracurricular Activities: _____

Computer Skills: _____

Which office?

	Semester	Year
Washington, D.C. office _____	Fall _____	_____
	Spring _____	_____
Hollidaysburg, PA office _____	Summer _____	_____

Please return this application, your resume, and cover letter to:

Intern Coordinator
Office of Congressman Bill Shuster
U.S. House of Representatives
204 Cannon House Office Building
Washington, DC 20515