

**INTERNSHIP APPLICATION
COMMITTEE ON SCIENCE AND TECHNOLOGY**

NAME _____

PERMANENT ADDRESS _____

PERMANENT TELEPHONE NUMBER _____

CURRENT ADDRESS _____

CURRENT TELEPHONE NUMBER _____

EMAIL _____

NAME OF SCHOOL IN WHICH YOU ARE ENROLLED (if applicable)

ADDRESS OF THE SCHOOL _____

EXPECTED GRADUATION DATE (circle one)

Fall Spring Summer of 2_____

DATES AVAILABLE FOR INTERNSHIP

_____ through _____

ARE THESE DATES FLEXIBLE? Yes No

POLITICAL AFFILIATION _____

