This form cannot be submitted via the Internet. Please print, complete, and mail/fax this form to the address below.

## Internship Application for Congressman Paul Ryan's District Offices - Serving Wisconsin's 1<sup>st</sup> District

Name:		_ Are you over 18?:
Home (permanent) Addres	SS:	
City:	State:	Phone:
Current Address (if differen	nt from above):	
Last date you can be conta	acted at current address:	Phone:
College/University at which	h you are currently enrolled:	
Address and Phone:		
Name and Phone number	of Academic Advisor:	
	<b>Academic Information</b>	<u>1</u>
2-year degree 4-y	ear degree post-grad	uate degree
Anticipated Graduation Da	ate	
Are you interested in obtain	ining credit for this internship?	yes no
Does your school have an	established program for grant	ing internship credit? yes no
Please list any special pro	gram requirements necessary	to obtain credit:
Do you have any compute	er experience? Please list:	
Is this application for a: Fall Internship:	_ Spring Internship:	_ Summer Internship:
	sume and a summary in your only special skills you may have.	own words (150 words maximum)
	Deadlines*	
Fall Internship: August 1st	Spring Internship <b>December 1st</b>	•

## Please send or fax all materials to:

Office of Congressman Paul Ryan, Attn: Michelle Sinklair, 20 South Main Street, Suite 10, Janesville, Wisconsin 53545 Fax: (608) 752-4711

Please note that applications are processed on a first received basis, and hours are assigned accordingly. Therefore, it is important that you return these materials as soon as possible, to ensure that if you are offered an internship, you can select the internship schedule that best suits your needs.

Thank you for your interest. If you have any questions, please feel free to call Michelle Sinklair at the Janesville Constituent Services Center toll-free at 1-888-909-7926.

<sup>\*</sup> subject to change without notice.