

THE MIKE TURNER CONGRESSIONAL INTERNSHIP PROGRAM

APPLICATION FORM

Location to which you are applying:
Semester for which you are applying:

Washington, D.C.
 Fall

Dayton District Office
 Spring

Wilmington District Office
 Summer

Dates you are available _____

GENERAL INFORMATION (TYPE OR PRINT NEATLY)

Name _____
Last First MI

Present Address _____
Street City State/Zip

Present Phone () _____ Effective Until / /
Area Code Number Month Day Year

Permanent Address _____
Street City State/Zip

Permanent Phone () _____ Cell Phone () _____
Area Code Number Area Code Number

College E-mail _____ Personal E-mail _____

Age _____ Date of Birth / / Social Security # - -
Month Day Year

ACADEMIC INFORMATION

School 1 _____
State

Dates Attended / / to / / Major
Month Day Year Month Day Year

School 2 _____
State

Dates Attended / / to / / Major
Month Day Year Month Day Year

School 3 _____
State

Dates Attended / / to / / Major
Month Day Year Month Day Year

G.P.A. _____ Expected Date of Graduation / / Will you be receiving credit for your internship? Y N
Month Day Year

Academic standing during program Freshman Sophomore Junior Senior Graduated Graduate/Law Student Other

Signature of Applicant _____ Date _____

CHECKLIST

Please ensure the following documents accompany your application.

- Resume
- Three (3) letters of recommendation (at least one should be from an academic instructor)
- 250 word essay explaining why you wish to serve as an intern for Representative Turner
- Official School Transcript

Fax completed application to (202) 225-6754 or mail to:

The Honorable Mike Turner
Attention: Internship Coordinator
U.S. House of Representatives
1740 Longworth House Office Building
Washington, D.C. 20515