

I N T E R N A P P L I C A T I O N

O f f i c e o f S e n a t o r T o m C a r p e r

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

School Address until ___/___/___: _____

_____ Phone: _____

Permanent Address: _____

Email Address: _____

Parent(s)' or Guardian(s)' Names: _____

Parent(s)' or Guardian(s)' Address: _____

Parent(s)' or Guardian(s)' Phone: _____ or _____

INTERNSHIP PREFERENCES

Session of interest (circle one):

Fall Semester Spring Semester Summer Session

Are you applying to any other Senate office internships this semester? Yes No

Office Preference: Dover Georgetown Wilmington Washington DC

First Choice: _____

Second Choice: _____

AVAILABILITY

Please indicate the days and times you are available:

From: ___/___/___ to ___/___/___ M T W Th F _____ am/pm to _____ am/pm

SCHOOL INFORMATION

College or University: _____

Year (circle one): Fr So Jr Sr Graduate Student

Major/Minor: _____ GPA: _____ out of _____

RÉSUMÉ INFORMATION

Please submit a résumé with your application. In the space below, or on a separate sheet of paper, select two things you would most like us to see from your résumé, describe them in greater detail, and explain why they are important.

1) _____

2) _____

WRITING SAMPLE

Please submit two writing samples. These could be pieces of yours that you have published or assignments you have worked on in school. Neither should be more than 1000 words.