

S E N A T O R
David Vitter



INTERNSHIP APPLICATION

Note: Internships in Senator Vitter's Office are Unpaid

Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Home _____

Cell _____

Email Address: _____

Parent's Name/Address: _____

Parent's Phone: _____

Hometown/State: _____

Education:

College/University enrolled: _____

City: _____ State: _____

Expected Year of Graduation: _____

Major: _____ GPA: _____

Preferences/Availability:

Areas of Interest: _____

Session (Please Circle One): Summer / Winter / Fall

Preferred Start/End Dates: _____

Availability: _____

Number of hours per week _____

*****Please attach a resume, one page essay/cover letter explaining why you want to intern in the Office of Senator David Vitter, and recommendations (optional).*****

Signature _____ Date signed _____

I certify, to the best of my knowledge and belief that the information contained herein and attached to this application, is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.

Mail/Fax to:

**Senator David Vitter
516 Hart Senate Office Building
Washington D.C., 20510
Fax: 202-228-5061**