

**Congressman Chris Van Hollen - Internship Program Application**

**Please complete this application and return it with the following documents:**

- Cover letter
- Resume
- Writing sample of 1-2 pages in length

**Please fax or mail your completed application to me at:**

**FAX: 301-424-5992**  
**MAIL: 51 Monroe Street, Suite 507**  
**Rockville, MD 20850**  
**ATTN: Internship Coordinator**

**Date:** \_\_\_\_\_

**PERSONAL INFORMATION**

**Full Name:** \_\_\_\_\_

**Please send any correspondence to the following address:** \_\_\_\_\_

\_\_\_\_\_

**My Permanent address is:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Current Phone:** \_\_\_\_\_

**For which session are you applying?**

\_\_\_\_\_ **Fall (Sept. – Dec.)**                      \_\_\_\_\_ **Spring (Jan. – Apr.)**

**Where do you prefer to intern?**

\_\_\_\_\_ **No Preference**              \_\_\_\_\_ **Capitol Hill**              \_\_\_\_\_ **Rockville**              \_\_\_\_\_ **Hyattsville**

**Hours of Availability:**

**Monday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**ACADEMIC INFORMATION**

**Name of Institution:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Current Standing:** Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

**Major:** \_\_\_\_\_

**Expected Date of Graduation:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Graduate Program** \_\_\_ **if so, what degree?** \_\_\_\_\_

**Will you earn academic credit for this internship? Yes/No**  
**If so, how many credit hours?** \_\_\_\_\_

**IF NECESSARY, USE ADDITIONAL PAPER TO ANSWER THE FOLLOWING:**

**How did you hear about internship opportunities with Congressman Van Hollen?**

**Please briefly explain why you would like to intern for Congressman Van Hollen:**

**Do you have any prior political/government experience(s)? If yes, please briefly explain:**

**What do you hope to get out of your internship experience?**