

## WILSON APPLICATION COLLEGE INTERN PROGRAM

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

**Preferred Name:** \_\_\_\_\_

**Dates and Times Available:**

\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_

**College or University you attend:** \_\_\_\_\_

**Year in School: (Must have completed freshman year):** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

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

**PARENTS/GUARDIANS Name/Address/Phone (home, work, cell)**

\_\_\_\_\_  
\_\_\_\_\_

**Occupational experience – Present to Previous:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extra-Curricular Activities:**

\_\_\_\_\_  
\_\_\_\_\_

**Honors, Scholarships, Fellowships:**

\_\_\_\_\_

**Letters of Recommendation: Name, Address, Phone**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**How did you learn about Congressman Wilson’s internship program?**

\_\_\_\_\_

**Please explain why you desire to be appointed as an Intern:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Give a brief biographical sketch:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE**

*Please fax or mail the completed form to the appropriate office. Thank you!*

Washington, D.C. Office  
 Congressman Joe Wilson  
 c/o Intern Coordinator  
 2229 Rayburn House Office Building  
 Washington, DC 20515  
 Fax: 202-225-2455

Midlands Office  
 Congressman Joe Wilson  
 c/o Intern Coordinator  
 1700 Sunset Blvd, Suite 1  
 West Columbia, SC 29619  
 Fax: 803-939-0078

Lowcountry Office  
 Congressman Joe Wilson  
 c/o Intern Coordinator  
 903 Port Republic Street  
 Beaufort 29902 Fax: (843) 521-2535