



**Congressman Tom Price
Internship Program: Application for Admission**

Personal Information

Name _____ (Last, First, Middle)

Current Residence:

_____ (Street)
_____ (City, State/Zip, Code)
Effective Until ____ / ____ / ____ Telephone (____) ____ - ____

Permanent Residence: (if different from current residence)

_____ (Street)
_____ (City, State/Zip, Code)
Effective Until ____ / ____ / ____ Telephone (____) ____ - ____

Semester:

Internships are available for the Spring, Summer, and Fall semesters. Please specify which semester you are interested in and give a brief schedule of dates you will be available.

Semester: _____ Dates: _____ -to- _____
Office(District or Washington D.C.): _____

Application Deadline:

Spring semester, November 30; Summer term, March 15; and Fall semester, July 1. Please submit this application by the deadlines listed above. The above dates are subject to change without notice. To assure consideration of your application, please apply early.

Reminder:

Your application will NOT be considered unless we receive ALL of the following prior to the deadline dates listed on the first page of this application.

- 1.) A current copy of your resume
- 2.) A letter of interest listing the reasons why you wish to intern with Congressman Price.
- 3.) This application.