

SENATOR THAD COCHRAN
United States Senate
Washington, D.C. 20510
(202) 224-5054
INTERN APPLICATION

Name: _____

Mailing Address: _____

Email Address: _____

Birth Date: _____ SS#: _____ Telephone: (h) _____ (c) _____

College/University: _____ Current Classification: _____

GPA: _____ Major: _____

Parent's Name: _____

Parent's Mailing Address: _____

Parent's Telephone: _____

Please list your most important Campus/Community/Political Activities and Honor:

Previous work experience:

Why do you want to work in my office?

References: Please provide 3 letters of recommendation (not family members) who have knowledge of your academic & extra-curricular accomplishments. List names below:

Name: _____

Occupation: _____ Phone: _____

Name: _____

Occupation: _____ Phone: _____

Name: _____

Occupation: _____ Phone: _____

