

## Internship Application

Contact Informat	zion	
Name:		
Home Address:		
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Home Phone:		
Cell Phone:		
E-mail:		
Academic Inform	ation	
Name of School:		
School Address:		
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Expected Graduation	Date:	
Current G.P.A:		
Major:		
Are you interested in	obtaining academic credit for this internship?	
Please list any specia	l program requirements necessary to obtain credit.	
Please list any compu	ter experience that you have.	

Please list activities you enjoy, interest and any honors/awards you have received:

Residence Information		
Are you a citizen of the United States?		
If no, which country?		
Are you a New Hampshire Resident?		
Additional Information		
In which office would you like to intern?		
Washington, D.C.		
Manchester, N.H.		
When would you like to intern?		
Summer (June-August) (Deadline March 1)		
Fall: (September to December) (Deadline June 1)		
Spring: (January to May) (Deadline October 15)		
Dates/Times Available		
Questionnaire		

Why do you want to intern with Senator Ayotte's office and what do you hope to gain from the experience?

Briefly list what areas of public policy most interest you and explain why.
Describe one of your extracurricular activities and how it has prepared you for an internship on Capitol Hill.
Please submit the following along with completed application form:
<ul> <li>Cover letter</li> <li>Resume</li> <li>2 Letters of recommendation</li> </ul>
Please mail to Senator Kelly Ayotte Attn: Internship Coordinator 1200 Elm Street, Suite 2 Manchester, NH 03101
Or fax to 202-224-4952 or e-mail to internship@ayotte.senate.gov