## THE MIKE TURNER CONGRESSIONAL INTERNSHIP PROGRAM APPLICATION FORM

Location to which you are applying: Semester for which you are applying:	Washington, D.C. Fall	Dayton District Office Spring	Summer
Dates you are available			
CENTER AT INTEGRAL TWO VICTOR			
GENERAL INFORMATION (TYI	PE OR PRINT NEATLY)	7	n.
Name	31()	100	
Last Present Address	First	00 C	MI
Stre	eet	City	State/Zip
Present Phone ( ) Area Code	Number	Effective Until	I Ves
Permanent Address	Sent.	Month	Day Year
Permanent Phone	Cel	City J.Phone ( )	State/Zip
Area Code  College E-mail	Number Personal E	Area Code E-mail	Number
Age Dat	e of Birth	Social Security #	
ACADEMIC INFORMATION	Month Day	Year	
School 1			
Dates Attended /	1 600 VV	State	
Month Day School 2		Pay Year	4 15-51
Dates Attended	10:10	State	
Month Day School 3		Day Year	
	7-7	State	
Dates Attended / / /	to /	/ Major	
G.P.A. Expected Date of Gradu	ation /	Will you be receiving	credit for your internship? Y N
Academic standing during program Fres	hman Sophomore J	unior Sènior Graduat	ed Graduate/Law Student Othe
	921		
Signature of Applicant		Date	
CHECKLIST			

Form Version 1/2/2013

Official School Transcript

Please ensure the following documents accompany your application.

Three (3) letters of recommendation (at least one should be from an academic instructor)

250 word essay explaining why you wish to serve as an intern for Representative Turner

Fax completed application to (202) 225-6754 or mail to:

The Honorable Mike Turner Attention: Internship Coordinator U.S. House of Representatives 2239 Rayburn House Office Building Washington, D.C. 20515