Congressman Womack's Washington, D.C. Internship Application

Printed Name	Signature	Date
Permanent Address:	E	Mailing Address (if different from permanent address):
Phone:		Email:
University/College:	1 me	GB9 1291
Major/Minor and Cumulative GPA: _		
Expected Graduation Date:	W To	
Please check for whi <mark>ch semester/peri</mark> Fall (August-December) Spring		lying: Order I (May-June) Summer II (July-August)
Will you be available full-time or par Note: You must be available full-time to participate in a	t-time? summer internship in	D.C.
your responsibility to provide all according Copy of a current resume Two letters of recommendation— One page essay addressing the form	one academic a	Please use this checklist for your application packet. It is ant information in your application. and one professional along with their contact information ble academic or work experience, goals for this internship, at you deem would be helpful in a Congressional office

Please e-mail your completed application to:

Congressman Womack c/o Madison Piel

 $\underline{Madison.Piel@mail.house.gov}$

Questions? Please call (202) 225-4301 and ask to speak with the Intern Coordinator.