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

Printed Name	Signature	Date
Permanent Address:	B	Mailing Address (if different from permanent address):
Phone:	<u> </u>	Email:
Date of Birth:	Thu,	
University/College:		
Major/Minor and Cumulative GPA:	N. S.	
Expected Graduation Date:	THE PERSON NAMED IN	
Please check for which semester/per Fall (August-December) Sprin		lying: y) Summer I (May-June) Summer II (July-August)
Will you be available full-time or pa		D.C.
your responsibility to provide all acc Copy of a current resume Two letters of recommendation One page essay addressing the	urate and releva- one academic a following: Nota	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 Scout Hodges

Scout.Hodges@mail.house.gov

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