Congressman Womack's Washington, DC Office Internship Application

Printed Name:	Signature:	Date:
Permanent Address:	Mailing Ad	dress (if different from permanent address):
	9000	
Phone:	Email:	
University/College:	41	
Major/Minor and C <mark>u</mark> mulative GPA:	La providen	
Expected Graduation Date:	Z ₁	
Please check for which semester/period Fall (August-December) Spring (I (May-June) □Summer II (July-August)
Will you be available full-time or part-	time?	
your responsibility to provide all accurate Copy of a current resume Two letters of recommendation-or One-page essay addressing the fol	ate and relevant information ne academic and one profess lowing: Notable academic of	s checklist for your application packet. It is a in your application. sional along with their contact information or work experience, goals for this internship, yould be helpful in a Congressional office

Please email all application materials to:

Congressman Womack c/o MacKenzie King

mackenzie.king@mail.house.gov

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