## Congressman Womack's District Office Internship Application

Printed Name:	Signature:	Date:
Permanent Address:	Mailin	g Address (if different from permanent address):
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Phone:	Email:	um .
University/College:	The state of the s	
Major/Minor and Cumulative GPA:		
Expected Graduation Date:		
Please check for which semester/period you are applying:  Tall (August-December) Spring (January-May) Summer I (May-June) Summer II (July-August)		
Will you be available full-time or part-t	ime?	
your responsibility to provide all accura  Copy of a current resume Two letters of recommendation-or One-page essay addressing the fol	ate and relevant inform ne academic and one pr lowing: Notable acade	e this checklist for your application packet. It is ation in your application.  ofessional along with their contact information mic or work experience, goals for this internship, em would be helpful in a Congressional office

Please email all application materials to:

Congressman Womack c/o Mr. Gillie Brandolini ResumesAR3@mail.house.gov

Questions? Please call (479) 464-0446 and ask to speak with the Intern Coordinator.