**Congressman Womack’s**

**District Office Internship Application**

Printed Name: Signature: Date:

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Permanent Address: Mailing Address (if different from permanent address):

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major/Minor and Cumulative GPA: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check for which semester/period you are applying:

Fall (August-December) Spring (January-May) Summer I (May-June) Summer II (July-August)

Will you be available full-time or part-time?

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The following items are required for consideration. Please use this checklist for your application packet. It is your responsibility to provide all accurate and relevant information in your application.

Copy of a current resume

Two letters of recommendation-one academic and one professional along with their contact information

One-page essay addressing the following: Notable academic or work experience, goals for this internship,

long-term goals, and any additional qualities that you deem would be helpful in a Congressional office

**Please email all application materials to:**

**Congressman Womack**

**c/o Mrs. Cheryl Warden**

ResumesAR3@mail.house.gov

Questions? Please call (479) 424-1146 and ask to speak with the Intern Coordinator.