## Congressman Womack's District Office Internship Application

Printed Name:	Signature:	Date:
Permanent Address:	Mailing Add	lress (if different from permanent address):
Phone:	Email:	
University/College:		
Major/Minor and Cumulative GPA:		
Expected Graduation Date:	34.79 11111	
Please check for which semester/period ☐ Fall (August-December) ☐ Spring (		(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-on One-page essay addressing the following	ate and relevant information he academic and one professi lowing: Notable academic of	checklist for your application packet. It is in your application.  ional along with their contact information r work experience, goals for this internship, ould be helpful in a Congressional office

Please email all application materials to:

Congressman Womack c/o Mr. Griffin Thompson ResumesAR3@mail.house.gov

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