

THE MIKE TURNER CONGRESSIONAL INTERNSHIP PROGRAM
APPLICATION FORM

Location to which you are applying: ... Washington, D.C. ... Dayton District Office ... Wilmington District Office
Semester for which you are applying: ... Fall ... Spring ... Summer
Dates you are available _____

GENERAL INFORMATION (TYPE OR PRINT NEATLY)

Name _____
Last First MI
Present Address _____
Street City State/Zip
Present Phone () _____ Effective Until / /
Area Code Number Month Day Year
Permanent Address _____
Street City State/Zip
Permanent Phone () _____ Cell Phone () _____
Area Code Number Area Code Number
College E-mail _____ Personal E-mail _____
Age _____ Date of Birth / / Social Security # - -
Month Day Year

ACADEMIC INFORMATION

School 1 _____ State _____
Dates Attended / / to / / / / Major
Month Day Year Month Day Year
School 2 _____ State _____
Dates Attended / / to / / / / Major
Month Day Year Month Day Year
School 3 _____ State _____
Dates Attended / / to / / / / Major
Month Day Year Month Day Year
G.P.A. _____ Expected Date of Graduation / / Will you be receiving credit for your internship? ... Y ... N
Month Day Year
Academic standing during program ... Freshman ... Sophomore ... Junior ... Senior ... Graduated ... Graduate/Law Student ... Other
Signature of Applicant _____ Date _____

CHECKLIST

Please ensure the following documents accompany your application.

- ... Resume
- ... Three (3) letters of recommendation (at least one should be from an academic instructor)
- ... 250 word essay explaining why you wish to serve as an intern for Representative Turner
- ... Official School Transcript

Fax completed application to (202) 225-6754 or mail to:

The Honorable Mike Turner
Attention: Internship Coordinator
U.S. House of Representatives
2454 Rayburn House Office Building
Washington, D.C. 20515