

**THE MIKE TURNER CONGRESSIONAL INTERNSHIP PROGRAM**  
APPLICATION FORM

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

**GENERAL INFORMATION (TYPE OR PRINT NEATLY)**

Name \_\_\_\_\_  
Last First MI

Present Address \_\_\_\_\_  
Street City State/Zip

Present Phone ( ) \_\_\_\_\_  
Area Code Number Effective Until Month / Day / Year

Permanent Address \_\_\_\_\_  
Street City State/Zip

Permanent Phone ( ) \_\_\_\_\_  
Area Code Number Cell Phone ( ) Area Code Number

College E-mail \_\_\_\_\_  
 Personal E-mail \_\_\_\_\_

Age \_\_\_\_\_  
Date of Birth Month / Day / Year Social Security # - -

**ACADEMIC INFORMATION**

School 1 \_\_\_\_\_  
State

Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year to Month / Day / Year Major

School 2 \_\_\_\_\_  
State

Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year to Month / Day / Year Major

School 3 \_\_\_\_\_  
State

Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year to Month / Day / Year Major

G.P.A. \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_  
Month / Day / Year Will you be receiving credit for your internship? ... Y ... N

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
- ... 250 word essay explaining why you wish to serve as an intern for representative Turner

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

The Honorable Mike Turner  
 Attention: Internship Coordinator  
 U.S. House of Representatives  
 2239 Rayburn House Office Building  
 Washington, D.C. 20515