

Stennis Congressional Intern Program

Application for Summer 2008

June 23 – August 8, 2008

(For clarity, please complete this application using a word processing program, then print, sign, and fax to 202-546-3841)

Name: _____

Office or Committee: _____

Office Address: _____

Office Telephone: _____

Your office email (if known): _____

Your alternate contact information

Personal email: _____

Cell phone: _____

Office Intern Supervisor/Coordinator:

Email: _____

Anticipated Start Date of Internship: _____

Anticipated End Date: _____

Please complete the following or attach a resume with the required information:

Education (include any leadership development programs):

Year	School/Organization	Degree/Expected Grad Date

Cumm. GPA _____

Activities (include campus and community organizations):

Title or Position	Organization	Dates (from/to)

Work Experience:

Title or Position	Organization	Dates (from/to)

Additional Information:

(include awards, honors, etc.)

Statement of Interest

Please respond with 100-200 words in the space below or by attaching a separate page.

Please share with us what, if any, plans you may have for a future career in public service and how your upcoming Washington internship experience will help to advance those goals?

End Statement of Interest

I understand that my commitment to full participation in the program is a prerequisite to selection as a 2008 Stennis Intern. I also understand and accept that missing more than two sessions is a serious detriment to the learning process and that continuation in the program beyond two absences is at the discretion of the Stennis Center.

Applicant's Signature

Date

I support the application of _____ to the Stennis Intern Program and understand that, if selected, he/she will be attending weekly sessions that require approximately 2-hour absences from our office.

Name

Chief of Staff

Date