

A Students who wish to apply for an inte following:	Application for Fall Internshi ernship should complete the a	-
1) resume; 2) one page explanation of int	terest in the internship; and 3) t	wo letters of recommendation
Name:		Current Classification: [] Freshman [] Sophomore
School or College:		[] Junior[] Senior[] Graduate/Law Student
Hometown:		
Major:	GPA:	
Phone Numbers: Cell () Home () Mailing Address:	E-mail Address:	
Parents' Phone ()		
Social Security #:	U.S. Citizen? Yes	No
Fall Session: September 11 – December *Internship dates in the West Virg		case-by-case basis
Please indicate location preference:	Washington, D.C	Charleston
Due to delays in mail delivery to S Capit *Letters of recommendation may	to_Internships@capito.senate.g	gov

email address*