

Congresswoman Lynn Jenkins Internship Application

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Email _____ Date of Birth _____

College Attending _____ Major _____

GPA _____ Year (e.g. Senior) _____ Anticipated Graduation Date _____

Parent/Guardian Names _____

College Address

Street Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Permanent Home Address

Street Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

Internship Details

Applying for: _____ Spring _____ Summer _____ Fall _____ Dates Available: _____

Please list the names and phone numbers of the individuals that are writing letters of recommendation for you

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Please check the office location for which you are applying:

_____ Topeka, KS _____ Pittsburg, KS _____ Washington, DC

Please include the following with this application form:

1. A complete resume including past work experiences
2. A one page personal statement outlining your internship goals
3. Two letters of recommendation from persons familiar with your work/academics, such as recent professors or former employers

Please fax all application materials to (202) 225-7986