

**INTERN APPLICATION FORM
OFFICE OF CONGRESSMAN PETER WELCH**

(Please print or type)

FULL NAME: _____ **SS #:** _____

PERMANENT HOME ADDRESS: _____

HOME PHONE #: _____

COLLEGE/UNIVERSITY: _____

YEAR IN SCHOOL: _____ **CUMMULATIVE GPA:** _____

MAJOR(S)/MINOR(S): _____

ADDRESS AT SCHOOL: _____

RESIDENCE PHONE #: _____ **CELL PHONE #:** _____

E-MAIL ADDRESS: _____

I CAN INTERVIEW IN: D.C. _____ **BY PHONE ONLY** _____

PREFERRED DAYS/TIMES FOR INTERVIEW: _____

Please indicate whether the materials listed below are enclosed or will be sent separately.

	Enclosed	Sending
cover letter:	()	()
résumé:	()	()
college transcript:	()	()
2 letters of recommendation:	()	()

Your completed application form and additional required materials should be faxed to:
Claire Benjamin 202-225-6790