

# OFFICE OF SENATOR PAT TOOMEY

## Internship Application

### PERSONAL INFORMATION:

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Please provide your full name and mailing address:

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Home Telephone \_\_\_\_\_ Other/Type \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a Pennsylvania resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally authorized to be in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

### EDUCATION:

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College, University, High School : \_\_\_\_\_

Major Area of Study/Degrees : \_\_\_\_\_ GPA: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

I am a: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Grad Student \_\_\_\_\_

Languages Spoken Other than English: \_\_\_\_\_

Does your school have a formal internship program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are credits available for an internship? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

Provide Name of Advisor or Program Contact: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

### INTERNSHIP DETAILS:

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I am applying for: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

I am available on these days: \_\_\_\_\_ during these hours: \_\_\_\_\_

Please submit the following with your application:

- a) Resume
- b) 2 letters of recommendation
- c) Personal statement describing your interest in Senator Toomey's internship program – 1 page maximum, typed.

If accepted as an intern, I understand and agree to abide by all rules and regulations set forth by the Office of Senator Pat Toomey and the United States Senate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_