

OFFICE OF SENATOR PAT TOOMEY

Internship Application

PERSONAL INFORMATION:

Please provide your full name and mailing address:

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:

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:

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 that this opportunity is provided as an unpaid internship. I further agree to abide by all rules and regulations set forth by the Office of Senator Pat Toomey and the United States Senate.

Signature: _____ Date: _____