

**INTERN APPLICATION
OFFICE OF CONGRESSMAN JEFF MILLER
ATTENTION: _____**

NAME _____ **DATE OF BIRTH** _____

HOME ADDRESS _____

SCHOOL ADDRESS _____

HOME PHONE _____ **SCHOOL PHONE** _____

PARENTS' NAME AND ADDRESS _____

COLLEGE CURRENTLY ATTENDING _____

ADVISOR'S NAME AND TITLE _____

OVERALL GRADE POINT AVERAGE _____ **REVIIOUS SEMESTER GPA** _____

COLLEGE MAJOR/MINOR _____

CLASSIFICATION
(UNDERGRADUATE LEVEL/GRADUATE) _____

PLEASE ATTACH:

- 1. A RESUME THAT INCLUDES EMPLOYMENT EXPERIENCE AND EXTRACURRICULAR ACTIVITIES.**
- 2. AN ESSAY OF 500 WORDS OR LESS DESCRIBING WHY YOU WOULD LLIKE TO INTERN IN CONGRESSMAN JEFF MILLER'S DISTRICT OFFICE, AND WHAT YOU EXSPECT TO ACQUIRE FROM THIS INTERNSHIP EXPERIENCE.**

NUMBER OF HOURS PER WEEK AVAILABLE _____

WILL YOU BE RECEIVING COLLEGE CREDIT FOR THIS INTERNSHIP? _____

SIGNED: _____ **DATE:** _____