

Office of Congresswoman Candice S. Miller

Internship Application

Contact Information:

Name: _____ Date of Application: _____

Permanent Address: _____
(Street) (City) (ST) (Zip)

Permanent Home Phone Number: _____

School/Temp. Address (if different) _____
(Street) (City) (ST) (Zip)

School/other Phone Number: _____ E-mail: _____

Date of Birth: _____

Are you a United States Citizen? Yes No Are you a Michigan Resident? Yes No

Parent/Guardian Name (If under age 18): _____

Academic Information:

Name of School or College: _____

Major: _____

Year of Graduation: _____ Will you receive college credit for your internship? Yes No

Internship Requirements:

Internship dates requested: _____

Background:

I am interested in serving as an intern in the following office:

Washington, DC

District Office (Shelby Township, MI)

Dates & Times Available: _____

Full-time preferred

Part-time preferred

Have you ever served as an intern? Yes No When & Where: _____

Involvement in Community Service/Extracurricular Activities:

References: (Please include name, occupation & phone number):

1. _____

2. _____

3. _____

Application Packet:

Your packet should include the following:

1. Completed Application
2. Cover Letter
3. Resume
4. Two letters of recommendation
5. A brief writing sample

Please submit your application packet to the location where you would like to fulfill your internship:

Congresswoman Candice S. Miller
Attn: Intern Coordinator
1034 Longworth HOB
Washington, DC 20515

Congresswoman Candice S. Miller
Attn: Intern Coordinator
48701 Van Dyke Ave.
Shelby Township, MI 48317