JOHN CURTIS
SENATOR

Internship Application Form

Full Name:_____ **Date of Birth:**_____
mm/dd/year

Date:_____ **Session Applying For:** ☐ Fall ☐ Spring ☐ Summer

Office Applying For: ☐ Washington, D.C. ☐ Provo

_____ _____ _____ _____
Street Address **City** **State** **Zip Code**

Email:_____ **Phone:**_____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, what type of visa do you hold?_____ **From which country?**_____

College/University:_____ **GPA:**_____

Major/Minor:_____ **Expected Graduation Date:**_____

Do you plan on receiving academic credit for your internship? ☐ Yes ☐ No

Have you applied to other internships? ☐ Yes ☐ No

If so, where?_____

I certify, to the best of my knowledge and belief, that the information contained herein and attached to this application is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.

_____ _____
Applicant Signature **Date**

Please submit this application form and all the required materials to internships@curtis.senate.gov to be considered for an internship with the Office of Senator John Curtis. Only completed applications received by the deadline will be accepted. Candidates selected for an interview will be contacted by the Intern Coordinator. If you have any questions, please contact the Washington, D.C. Intern Coordinator at (202) 228-4398. Updates on application status will not be given.

Application Packet Checklist:
- ☐ Internship Application Form
- ☐ Current Resume
- ☐ Copy of Transcript
- ☐ Cover Letter
- ☐ 2 Writing Samples
- ☐ 2 Letters of Recommendation