

## Congressman Tom Feeney Internship Application

Please complete this application and mail it to the following address.

Congressman Tom Feeney  
Attn: Internship Coordinator  
323 Cannon House Office Building  
Washington, DC 20515  
(202) 225-2706  
(202) 226-6299 Fax

Full Name: \_\_\_\_\_

Social Security: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Reference with phone number \_\_\_\_\_

Dates or semester available to participate in the program (be as specific as possible):

\_\_\_\_\_

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

Current year: \_\_\_ Freshman, \_\_\_ Sophomore, \_\_\_ Junior, \_\_\_ Senior, \_\_\_ Grad Student

Major/Graduate Program: \_\_\_\_\_

Are you planning to receive academic credit for this internship? \_\_\_\_\_

If YES, name and phone number of program coordinator:

\_\_\_\_\_

Please include a copy of course requirements/expectations, if applicable.

**Please include a short writing sample and resume with your application.**