

**OFFICE OF THE SPEAKER  
U.S. HOUSE OF REPRESENTATIVES  
H-419C, THE CAPITOL  
WASHINGTON, D.C. 20515**

**2005 APPLICATION FOR REPUBLICAN APPOINTMENT  
PART 1**

**Refer to instructions on Cover Page. Please type or print clearly. Complete portions in detail.**

**Name:** \_\_\_\_\_  
(Last) (First) ("Preferred") (Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address (if other than home): \_\_\_\_\_  
\_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Your Member of Congress: \_\_\_\_\_

Grade you are entering for \_\_\_\_\_ school year: \_\_\_\_\_

Type of appointment desired: School \_\_\_\_\_ Summer \_\_\_\_\_ Either \_\_\_\_\_

Date of availability: \_\_\_\_\_

Maximum period of availability: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_