19th Congressional District
Student Internship Application Form

Serving Adams, Cumberland, and York Counties

General Information

_____

First Name Middle Name Last Name

_____

Permanent Address

_____

City State Zip

_____

How long have you lived at this address? Date of Birth

_____

Primary Telephone Cell Phone Email Address

_____

Parents' or Guardians' Names

In which district office(s) are you interested in serving? For the summer program, please list district offices in order of preference. All summer interns will serve half of their internship in Washington D.C. office and half in a district office.

___ Adams ___ Cumberland ___ York ___ Washington, DC

When are you available for an internship?

___ Fall Semester ___ Spring Semester ___ Summer Semester

Would you be willing to accept an unpaid position? ___ Yes ___ No (only applies to spring and fall internships)

School Information

_____

School Name

_____

Student's Mailing Address at School

_____

Grade Average (on a 4.0 scale)* Anticipated Graduation Date (MM/YYYY)

College Clubs and Activities- Please provide details of your involvement with these organizations

Previous Work Experience

Employer Address Dates

Duties

Employer Address Dates

Duties

High School Information

High School Grade Average (on a 4.0 scale)* Graduation Date (MM/YYYY)

*Not including a numerical GPA will put your application at a disadvantage. Please use the 4.0 scale – that is, A=4, B=3, C=2, D=1, F=0

High School Clubs and Activities- Please provide details of your involvement with these organizations

Volunteer Work and Community Service

Please describe any volunteer work or community service done at home or in college.

Please state in your own words why you desire a Congressional Internship. What qualifications and experience would you bring to this internship program.

Please list three references- Please provide us with at least one letter of recommendation from one of these sources.

1. _____
Name Phone Number Relationship

2. _____
Name Phone Number Relationship

3. _____
Name Phone Number Relationship

Your Signature

_____
Signature Date

PLEASE INCLUDE A WALLET SIZE PHOTO OF YOURSELF FOR OUR REFERENCE.

Deadlines for application

- ❑ Fall Internship – Application deadline is August 15.
- ❑ Spring Internship – Application deadline is December 15.
- ❑ Summer Internship – Application deadline is December 15.

Please return to:

Internship Coordinator
Office of Congressman Todd Platts
2209 East Market Street
York, PA 17402

Please call (717) 600-1919 with any questions.