

**INTERN APPLICATION FORM  
OFFICE OF CONGRESSMAN PETER WELCH**

(Please print or type)

**FULL NAME:** \_\_\_\_\_ **SS #:** \_\_\_\_\_

**PERMANENT HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

**YEAR IN SCHOOL:** \_\_\_\_\_ **CUMMULATIVE GPA:** \_\_\_\_\_

**MAJOR(S)/MINOR(S):** \_\_\_\_\_

**ADDRESS AT SCHOOL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESIDENCE PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**I CAN INTERVIEW IN: D.C.** \_\_\_\_\_ **BY PHONE ONLY** \_\_\_\_\_

**PREFERRED DAYS/TIMES FOR INTERVIEW:** \_\_\_\_\_

Please indicate whether the materials listed below are enclosed or will be sent separately.

	Enclosed	Sending
<b>cover letter:</b>	( )	( )
<b>résumé:</b>	( )	( )
<b>college transcript:</b>	( )	( )
<b>2 letters of recommendation:</b>	( )	( )

Your completed application form and additional required materials should be emailed to: [welchinterns@mail.house.gov](mailto:welchinterns@mail.house.gov)