



**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

**Office of Congresswoman Susan W. Brooks**  
**Internship Program**

Only a few interns are accepted every term, so applications are competitive. All internships are unpaid. Please fill out **the following application** and submit it along with a copy of **your resume** to [alaina.urbahns@mail.house.gov](mailto:alaina.urbahns@mail.house.gov). Please note that incomplete applications will not be accepted. For the Fall and Spring terms, applications are accepted on a rolling basis. For the Summer term, the deadline to apply is midnight on Sunday, March 2, 2014.

Date of Submission:

First:

Middle:

Last:

**HOME ADDRESS INFORMATION**

Home Address:

Home Phone Number:

Cell Phone Number:

E-Mail:

High School Attended:

**SCHOOL ADDRESS INFORMATION**

Name of School:

School Address:

School Phone Number:

Year in School:

G.P.A. Overall:

Major and G.P.A. in Major:

**INTERNSHIP**

Desired Semester or Term:

Fall                                      Dates of Availability: \_\_\_\_\_

Spring                                      Dates of Availability: \_\_\_\_\_

Summer                                      Dates of Availability: \_\_\_\_\_

Preferred Internship Location:

Washington, D.C. Office

Carmel District Office

Anderson District Office

Party Affiliation:

Democratic Party

Republican Party

Independent

**APPLICATION QUESTIONS:**

Please keep both responses under 300 words. Space is provided on the following two pages.

1. Why would you like to intern *specifically* for Congresswoman Susan W. Brooks?
2. Discuss a policy issue that you are passionate about, and what you would do to address that issue and why. It can be any topic that is important to you. Examples include: immigration, healthcare, gun policy, and the budget.

**REFERENCE:**

Please note that the reference must be someone who knows you academically or professionally.

Name:

Title:

E-Mail:

Phone:



Have you been convicted of a crime? If yes, please provide the date and nature of the conviction below. (Note: conviction of a crime will not automatically preclude you from being considered for a position with the Office.)

YES

NO

I certify that all information provided as part of this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_