

CONGRESSWOMAN NIKI TSONGAS
Third Congressional District – Massachusetts



APPLICATION FOR INTERNSHIP

Session you are applying for:

- Summer (May – Sept.)
- Fall (Sept. – Dec.)
- Winter (Dec. – Jan.)
- Spring (Jan. – May)

Location you are applying for:

- Washington, D.C. Office
- Lowell District Office

NAME					
Last:	First:	Middle:			

PERMANENT STREET ADDRESS:			SCHOOL/MAILING STREET ADDRESS:		
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City	State	Zip	City	State	Zip
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Primary Phone:	Cell Phone:
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Primary E-mail Address:	School E-mail Address:
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Educational Information

High School/University	Major/Minor	Dates of Attendance	Graduation Date

All Applicants please check after reading:

Yes, I understand that

- the office of Congresswoman Tsongas is not able to provide parking or transportation for interns;
- internships with Congresswoman Tsongas are unpaid;
- an intern may arrange to obtain academic credit at the discretion of his/her educational institution.

Will you be receiving academic credit for this internship?	If selected: What month can you begin? _____
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Yes

No

How did you hear about Congresswoman Tsongas' Internship Program?

- Our website: www.house.gov/tsongas
- A friend or family member
- School Administrator or teacher
- Community Organization
- A former intern (Name: _____)
- Other: _____

When must you end? _____

Days/Time Available:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Why do you want an internship with the Office of Congresswoman Niki Tsongas?

What experience would you bring to this internship?

What issues of politics/government are you most interested in?

Once application is complete, please E-mail (kathleen.capstick@mail.house.gov) or fax your application and the following documents to the office within which you are interested in **interning**

Completed Application

Resume

Cover Letter

Writing Sample

Congresswoman Niki Tsongas
Attn: Intern Coordinator
 1714 Longworth House Office Building
 Washington, DC 20515

 Phone: 202-225-3411
 Fax: 202-226-0771

Congresswoman Niki Tsongas
Attn: Intern Coordinator
 Lowell District Office
 126 John Street, Suite 12
 Lowell, MA 01852

 Phone: 978-459-0101
 Fax: 978-459-1907

 Signature of Applicant

 Date

For Office Use Only:

Completed Application

Resume

Cover Letter

Writing Sample

Interview Date:

Action: