## **Congressman Jim Jordan**

## **Internship Application**

Name:						
Address:						
	Street		Ci	ity	State	Zip
Phone:		E-Ma	ail:			
Date of Birth:						
Applying for:	Summer	Fall $\square$	Spring			
	DC $\square$	Lima, OF	I (unpaid)			
Will you receive so	chool credit for this	internship?	Yes 🗌 No	)		
Please Note: We a before applying fo	sk that you have co r an internship.	mpleted at le	ast two years	of colleg	ge level course	work
Required Materia	als:					
	of recommendation e essay on why you		vative and wh	at that m	eans to you.	
<b>Application Dead</b>	lines:					
Please submit the	application by:					
Fall - June 30 <sup>th</sup> Spring – October 3 Summer – March 3						
Additional Inform	nation:					
Depending on schowill run approxima	eduling consideration ately as follows:	ons and your	institution's a	ıcademic	calendar, inter	rnships
	o Christmas r's to Memorial Day ial Day to Labor Da					

Please contact Greg Salavec at <u>Gregory.Salavec@mail.house.gov</u> for more information or if you have any questions regarding the application process or the internship.