



Congressman James E. Clyburn

Representing the 6th District of South Carolina

INTERNSHIP APPLICATION FORM

INTERNSHIP OFFICE DESIRED:

PERSONAL INFORMATION:

Name: _____ D.O.B: _____ (mm/dd/yyyy)
(Last) (First) (MI)

Local Address: _____
(Street) (City) (Zip)

Permanent Address: _____
(Street) (City) (Zip)

Phone Number(s): (____) _____ (____) _____

Email Address: _____

ACADEMIC INFORMATION:

University/College: _____

Classification: _____

Major: _____ GPA: _____

INTERNSHIP QUESTIONS:

1. How did you hear about the internship? _____

2. I am applying for the following semester:





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3. Please identify days and timeframes you can work:

| Day | AM | PM |
|-----------|----|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

4. Why are you interested in this internship?

5. Why should we consider you for this internship?

6. Congressman James E. Clyburn's office is always looking to give a beneficial experience to our interns, please identify areas that you can/or would like to contribute to:

Administration/Customer Service/People Management

Communications/Marketing

Community Development (Columbia Office)

Event Planning (Columbia Office)

Legislative Action (DC Office)

Research

Social Work/Science

7. How do you organize your time and prioritize tasks during a busy day?





8. What do you plan to do after you graduate?

9. Aside from your regular intern hours, will you be available to participate in Congressional events during the semester?

IN CASE OF EMERGENCY CONTACT:

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Student Signature: _____

Date: _____

If you are submitting an application for the Columbia, SC district office, please email application and resume to **ATTN: Hillary Johnson** at **Clyburn.Internships@mail.house.gov**. After review of your application, you will be invited for a short interview and consequent orientation.

