



Office of Congressman James E. Clyburn
Internship Application Form

INTERNSHIP OFFICE DESIRED: Washington, DC: _____ Columbia, SC: _____

PERSONAL INFORMATION

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

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

Permanent Address: _____
(If different) (Street) (City) (State) (Zip)

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

Email Address _____

ACADEMIC INFORMATION

University/College _____

Classification: _____

Major: _____ GPA: _____

INTERNSHIP QUESTIONS

How did you hear about the internship? _____

I am applying for the following semester: Fall / Spring / Summer

Please identify days and timeframes you can work:

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please respond to the questions below:

Why are you interested in this internship?

Why should we consider you for this internship?

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:

- ☐ Legislative Action
- ☐ Grant Writing*
- ☐ Community Development*
- ☐ Communications/Marketing
- ☐ Social work/science*
- ☐ Research skills
- ☐ Administration/Customer Service/People Management
- ☐ Event Planning*

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

What do you plan to do after you graduate?

Aside from your regular intern hours, will you be available to participate in Congressional events during the semester? Yes No

If you are submitting an application for the Columbia, SC district office, please email application form and resume Attn: Hillary Johnson to Clyburn.internships@mail.house.gov.

After review of your application, you will be invited for a short interview and consequent orientation.

*Columbia, SC only

IN CASE OF EMERGENCY CONTACT

Name _____ Relationship _____

Phone: Cell: _____ Home: _____

Student Signature _____ Date _____