

Jim Gerlach Intern Application Form

Name _____ Age _____

Home Address _____

Phone Number _____ High School Attended _____

School Address _____

E-mail Address _____

College Attending _____

Major _____ GPA _____ Graduation Date _____

Intended Starting Date for Internship: (please circle one)

May 5- June 14 (DC)

June 15- July 14 (DC)

July 15- August 14 (District)

On this page or on a separate piece of paper, please write a short essay on why you would like to work as an intern for Congressman Gerlach and what you expect to accomplish during your internship.

Mail application to: **Representative Jim Gerlach**
1541 Longworth House Office Building
Washington, DC 20515

Or fax to: **202.225.8440**