## INTERN APPLICATION FORM OFFICE OF SENATOR PETER WELCH

(Please print or type)	
FULL NAME:	
PERMANENT HOME ADDRESS:	
HOME PHONE #:	
CELL PHONE #:	
EMAIL:	
COLLEGE/UNIVERSITY:	
YEAR IN SCHOOL:CUM	IULATIVE GPA:
MAJOR(S)/MINOR(S):	
ADDRESS AT SCHOOL:	
	-
COMPONE #	-
SCHOOL PHONE #:	
SCHOOL EMAIL:	
I AM APPLYING FOR AN INTERNSHIP IN:	DC VT
I CAN INTERVIEW IN PERSON	VIRTUAL ONLY
DDEEEDDEN NAVC/TIMEC EAD INTEDVIEV	6A7.

* required	
Application Form*	( )
Cover Letter*	( )
Résumé*	( )
Transcript:	( )
Writing Sample*	( )
2 Letters of Recommendation*	( )

**Application materials checklist:**