

Office of Congressman Robert E. Latta

Internship Application

****Please send the below application, a resume, and a cover letter to Jacob Parker at
jacob.parker@mail.house.gov for further review.**

Name _____

Phone Number _____

Email Address _____

Current Address:

Home Address:

Please select from the following options for which internship session you are applying:

☐ Summer (May – August)

☐ Fall (August – December)

☐ Winter (January – May)

Please list the dates that you are available:

Please indicate your availability:

☐ Full-time

☐ Part-time

Will you be seeking academic credit for your internship?

☐ Yes

☐ No

If yes, what are your institutions' requirements:

What is your current education status?

☐ college freshman

☐ college sophomore

☐ college junior

☐ college senior

☐ college graduate/postgraduate

Name of institution _____

Please provide two references (one academic and one work-related)

Name _____

Phone Number _____

Relationship _____

Name _____

Phone Number _____

Relationship _____

Are you aware that this is an educational internship, and you will need to find your own housing in Washington, D.C.?

☐ Yes

☐ No