

Office of Congressman Robert E. Latta

Internship Application

Please send the below application, a resume, and a cover letter to Olivia Lonchar at Olivia.Lonchar@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