U.S. Representative Charles W. Dent, PA-15

Internship Application

Name:_____

College Name:_____

Home Address:_____

School Address:_____

Daytime Phone:_____ Cell phone:_____

E-mail address**:**_____

Emergency Contact Name:_____

Emergency Contact Phone:_____

Parent(s) Name(s):_____

Parent(s) Address:_____

Major:_____ Minor:_____

GPA:_____ Circle One: Freshman Sophomore Junior Senior

Session Preference: Summer Spring Fall 201__

Location applying for: Washington, DC Lehigh Valley District Office

Organizations, Activities, Hobbies:_____
_____
_____
_____

Topics of Interest:_____

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