CONGRESSMAN HUIZENGA INTERNSHIP PROGRAM

Name: _		
Permanent Address:		
-		
Current Address:		
-		
Telephone Number:		
Email: _		
High School Attended:		
Year of Graduation:		
College or University:		
Expected Graduation Date:		
Major/Degree: _		
	GPA:	
Minor:		
Minor: District (Holland, MI) or Was	GPA:	
Minor: District (Holland, MI) or Was	GPA:	
Minor: District (Holland, MI) or Was	GPA:	
Minor: District (Holland, MI) or Was	GPA:	
Minor: District (Holland, MI) or Was	GPA:	
Minor: District (Holland, MI) or Was	GPA:	

In wh	ich interns	hip term(s) a	re you interes	sted?						
	Fall (S	September – D	ecember)							
	Spring (January – April)									
	Summer (May – August)									
	Please include the days and times you are available:									
		Monday Tuesday Wednesday Thursday Friday								
M	orning	-	-		-					
	ours:									
Af	ternoon									
Н	ours:									
What	is the nam	ne and nhone	of your progr	am coordinato	r-					
		e following to	, ,							
1.	1. A brief essay (250 words or less) explaining why you would like to intern with									
	Congressman Huizenga									
2.	A current i	resume								
3.	3. A list of three references with phone numbers and email addresses included									
Signa	ature:			Date:						

District Applicants – please email copy to Presley.lunga@mail.house.gov
Washington, D.C. Applicants – please email copy to Lexi.willison@mail.house.gov

If you have any questions, please contact Presley Lunga in the District Office at 616-570-0917.