



Senator Roy Blunt

Senate Internship Program

Name:

Permanent Address:

Current Address:

Telephone Number:

Cell Phone Number:

Email:

Birth Date:

SSN:

High School Attended:

Year of Graduation:

College or University:

Expected Graduation Date:

Major/Degree:

Minor:

GPA:

College Leadership Roles, Activities, Achievements, and Interests

In which internship term(s) are you interested?

Fall (August – December)

Spring (January – May)

Summer (June – August)

Summer (4 week term)

Please include the dates you are available:

Do you expect to receive college credit for this internship? Yes No

If yes, please explain the conditions required for credit to be granted:

Please attach the following to your application:

1. A brief essay (250 words or less) explaining why you would like to intern with Senator Blunt; Please include how you learned of this internship.
2. A current resume or biography;
3. A list of three references with phone numbers and addresses included;
4. College transcript (unofficial is acceptable)

Signature: _____ Date: _____

Please fax the completed application to 417-823-9662 or email to
SueEllen_Ball@blunt.senate.gov

*Please note these internships are unpaid and only available to those students who have graduated high school.