

**INTERNSHIP APPLICATION  
OFFICE OF SENATOR JOHN BREAUX**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF SESSION PREFERRED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME AND PERMANENT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

COLLEGE/UNIVERSITY CURRENTLY ENROLLED IN:

\_\_\_\_\_

EXPECTED STATUS AT THE BEGINNING OF INTERNSHIP:

FRESHMAN    SOPHOMORE    JUNIOR    SENIOR    GRAD/OTHER

MAJOR: \_\_\_\_\_

GPA: \_\_\_\_\_ EXPECTED YEAR OF GRADUATION: \_\_\_\_\_

YOUR CONGRESSIONAL DISTRICT: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

1.	2.
3.	4.