



Internship Application

Office of U.S. Senator Susan M. Collins

NAME	
DOB	STATE OF RESIDENCE
CURRENT ADDRESS	PERMANENT ADDRESS
PHONE	EMAIL
MOBILE	EMAIL 2
HIGH SCHOOL:	
YEAR OF GRADUATION:	
COLLEGE:	
YEAR OF GRADUATION:	
MAJOR(S):	
MINOR(S):	
GPA:	
AVAILABLE DATES:	
AVAILABLE HOURS (state office applicants only):	
REQUESTED OFFICE: (Augusta, Bangor, Biddeford, Caribou, Lewiston, Portland, Washington, DC – List “Any” if no preference)	
1 st Choice	2 nd Choice