Internship Application Office of Congressman Russ Carnahan (MO-3)

General Information: Name: _____ Phone: _____ Email: Address: Indicate Semester of Application: Fall Spring Summer Indicate Office Location: Washington, D.C. St. Louis Crystal City **Education Information:** Indicate graduation year (or anticipated graduation), areas of study, and degree type Undergraduate: Graduate: ____ Anticipated future academic plans: _____ **Background Information:** Have you ever been issued a warning by police, arrested, or found guilty of a crime? Yes __ No ___ Have you ever been stopped by campus security? Yes __ No __ If you answered YES to any of the above questions, please explain. Why are you interested in an internship with our office?