



TOM COBURN, M.D.

UNITED STATES SENATOR - OKLAHOMA



Internship Application

Name: _____

Permanent Address: _____ Phone: _____

City: _____ State and Zip: _____

School Address: _____ Cell Phone: _____

City: _____ State and Zip: _____

Email Address: _____

Date of Birth: _____ SS #: _____

School Information:

College/University: _____ Year in School: _____

Major: _____ Minor: _____ GPA: _____

Projected Graduation: _____ High School attended: _____

Personal References: (Please provide 3 references with their current contact information)

Reference: _____ Phone: _____

Reference: _____ Phone: _____

Reference: _____ Phone: _____

Essay Questions: (please type your answers and attach them on a separate piece of paper, please limit answer to 150 words)

1. Describe the skills that you possess that will allow you to be an asset in our office.
2. Describe what you intend to learn from this internship and how it would fit into your personal development and career path?
3. Describe a particular area of government that you are interested in and one way you would like to reform it?
4. Why do you want to work for Dr. Coburn?

Dates that you are available: First Date: _____ Ending Date: _____

Please make sure the following items are enclosed in your application:

1. Application form
2. Answers to essay questions on a separate sheet of paper
3. College transcript (official or unofficial)
4. Resume

Questions?

Please call (202) 224-5754 and ask for the Intern Coordinator