

**Washington, D.C. Internship Application
Office of Congressman Tim Murphy (PA-18)**

Name _____
Last name First name Middle Initial

Date of Birth: _____ Social Security # _____

Campus Address: _____

Campus Phone: _____

Email address: _____

Permanent Address: _____

Home Phone: _____

Classification: (circle one) FY SO JR SR OTHER Anticipated Grad. Date _____

Major(s): _____ Minor(s) _____

Service Experience:

Relevant Coursework:

Extra Curricular & Community Activities:

In addition to this application, please submit your resume to the attention of Susan Mosychuk. If you have any further questions please contact the office at 202-225-2301.

Congressman Tim Murphy
Attn: Susan Mosychuk
322 Cannon House Office Building
Washington, DC 20515

Fax: 202-225-1844