



## Indianapolis Internship Application

Deadline: Fall – July 1 | Spring – Nov. 15 | Summer – Mar. 1

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you an American Citizen? Yes ☐ No ☐

College/University Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Academic Activities/  
Offices Held:

Political Activities:

Honors/Awards:

High School Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**Personal Statements:** (Please type answers on separate sheet and send with this application)

1. What area(s) of legislation interest you most? Why?
2. Why do you want to intern for Senator Lugar?
3. What do you hope to gain from an internship with Senator Lugar?

**I am applying for the (Check One):** Fall ☐ Spring ☐ Summer ☐  
*Application Deadlines: Fall - July 1    Spring - Nov. 15<sup>th</sup>    Summer - March 1<sup>st</sup>*

Please complete and sign this application and enclose the following items. Applications will not be considered until all are received.

**Current college transcript – 3 letters of recommendation – Updated resume – Recent Photo**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return all completed materials to:**

Dona Kelley • 10 West Market Street, Suite 1180, Indianapolis, Indiana 46204  
(317) 226-5555 phone • (317) 226-5508 fax • [dona\\_kelley@lugar.senate.gov](mailto:dona_kelley@lugar.senate.gov)