Office of the Speaker
U.S. House of Representatives
5-419C, The Capitol
Washington, D.C. 20515

2002 Application for Republican Appointment
Part 1

Please type or print clearly. Complete portions in detail.

Name:_____
(Last) (First) (Middle)

Date of Birth: _____Age:_____ Social Security#:_____

Mailing Address (if other than home):_____

_____

_____

Name of parent or legal guardian:_____
(Last) (First) (Middle)

Home Phone:_____ Work Phone:_____

Address:_____

_____

_____

Your Member of Congress:_____

Grade you are entering for 2002/2003 school year:_____

Type of appointment desired: Year_____ Summer_____ Either_____

Date of availability:_____

Maximum period of availability:_____

Date:_____ Signature of Applicant:_____