

JOHN BOOZMAN  
ARKANSAS

141 HART SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
202-224-4843

## United States Senate

WASHINGTON, DC 20510

### COMMITTEES:

AGRICULTURE, NUTRITION, AND FORESTRY  
CHAIR, COMMODITIES, RISK MANAGEMENT, AND TRADE

APPROPRIATIONS  
CHAIR, HOMELAND SECURITY

ENVIRONMENT AND PUBLIC WORKS  
CHAIR, FISHERIES, WATER, AND WILDLIFE

VETERANS' AFFAIRS

BUDGET

Dear Applicant,

Thank you for your interest in my Arkansas internship program. Our program provides a great opportunity for students interested in learning more about the workings of the United States Senate.

While internships are unpaid, students will receive valuable experience and knowledge that will serve well in future employment and endeavors.

**In order to be eligible for the state internship, you must be a college student and receive school credit through a college advisor for the internship.**

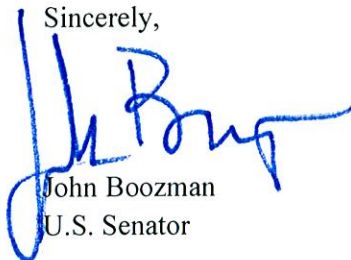
After I receive your completed application, my Intern Coordinator, Stacey Mattingly, will contact you to schedule an interview.

Please mail or email all application materials in one envelope to:

Senator Boozman  
c/o Stacey Mattingly  
213 W. Monroe, Suite N  
Lowell, AR 72745  
[stacey\\_mattingly@boozman.senate.gov](mailto:stacey_mattingly@boozman.senate.gov)

If you have any questions concerning the internship program, please do not hesitate to contact Stacey via email or by phone at (479) 725-0400.

Sincerely,



John Boozman  
U.S. Senator

JB:sm

106 W. MAIN ST.  
SUITE 104  
EL DORADO, AR 71730  
870-863-4641

1120 GARRISON AVE.  
SUITE 2B  
FORT SMITH, AR 72901  
479-573-0189

300 S. CHURCH ST.  
SUITE 400  
JONESBORO, AR 72401  
870-268-6925

1401 W. CAPITOL AVE.  
SUITE 155  
LITTLE ROCK, AR 72201  
501-372-7153

213 W. MONROE  
SUITE N  
LOWELL, AR 72745  
479-725-0400

1001 Hwy. 62 E.  
SUITE 11  
MOUNTAIN HOME, AR 72653  
870-424-0129

620 E. 22<sup>ND</sup> ST.  
SUITE 204  
STUTT GART, AR 72160  
870-672-6941

**OFFICE OF SENATOR JOHN BOOZMAN  
STATE INTERNSHIP APPLICATION FORM**

Senator John Boozman  
ATTN: Stacey Mattingly  
213 W. Monroe, Suite N  
Lowell, AR 72745  
479.725.0400

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_

AREA OF STUDY: \_\_\_\_\_

ARE YOU A US CITIZEN? \_\_\_\_\_

OFFICE LOCATION: \_\_\_\_\_

SEMESTER:      \_\_\_ Fall      \_\_\_ Spring      \_\_\_ Summer: \_\_\_ Session 1 \_\_\_ Session 2

ADVISOR/PROFESSOR SUPERVISING COURSE CREDIT FOR INTERNSHIP: \_\_\_\_\_

REQUIREMENTS OF ADVISOR/PROFESSOR FOR ACADEMIC CREDIT: \_\_\_\_\_

PROVIDE YOUR AVAILABILITY BELOW AS STATE OFFICES ARE OPEN M-F 8:00-5:00:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

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THE FOLLOWING ITEMS ARE REQUIRED FOR CONSIDERATION:

- COMPLETED APPLICATION FORM
- CURRENT RESUME
- TWO LETTERS OF RECOMMENDATION