

Application for FACS Congressional Aide Program – Washington, D. C.

Name: _____ Major: _____

Local Address: _____ Local Phone: _____

Home Address: _____ Home Phone: _____

Email Address: _____

Check One: Graduate Student
 First Year Second Year Third Yera

List relevant extracurricular activities, if applicable (not required): _____

List relevant work experience, if applicable (not required) _____

Application Checklist:

I have attached to this application:

_____ A 250-500 word statement of interest as to why I wish to be considered for this program.

_____ A letter of recommendation from a faculty member

_____ My resume

GRADUATE ADVISOR

I have reviewed the student's program of study. The student is eligible for the Congressional Aide program.

Signature of Graduate Advisor

Date

Graduate Advisor Checklist:

_____ The student has an overall GPA of 3.0 or higher at the time of application

_____ The student is working toward a Master's or Ph.D. in Family and Consumer Sciences.

_____ The student has completed all other prerequisites set by his or her department.

STUDENT

Return your application to Dr. Jan Hathcote, 224 Dawson Hall or M.J. Kabaci, Legislative Aide Coordinator, 210 Dawson Hall.