



## Work-Based Learning Spring Application

1. Carefully read the enclosed materials and application.
2. Contact your Academic Advisor, Department Chair, Dean, or other duly authorized campus personnel to determine: the requirements for off-campus study; if you are eligible to participate in such a program; the amount of credit you may receive for such participation; and the deadline to submit your application.
3. Complete, compile and submit the enclosed application materials in coordination with your CLO/Advisor.
4. Provide a reference from a person familiar with your academic abilities and professional aptitude.
5. Include your one-page personal statement of purpose explaining why you are applying for the internship.

**Deadline: Mid-October**

**Please contact Student Programs for exact deadline dates, as they are subject to change. Questions should be directed to the Senate Office of Student Programs.**

**Tel: 518-455-2611 Fax: 518-426-6827**  
**students@nysenate.gov | nysenate.gov/student-programs**

# New York State Senate Application Spring Work-Based Learning Program

This official application is available online. Please fill out this form carefully. Incomplete or illegible applications may not be considered.

## PLEASE PRINT

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

**HOME ADDRESS:**

\_\_\_\_\_  
(Street & No./Bldg./Apt.) (City) (State) (ZIP)

TELEPHONE(S): HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

**MAILING ADDRESS:** (if different from home address)

\_\_\_\_\_  
(Street & No./Bldg./Apt.) (City) (State) (ZIP)

**E-MAIL ADDRESS:** \_\_\_\_\_

**EDUCATION:** List all schools you have attended, beginning with the most recent.

Name of School (Begin with most recent)	Date of Attendance	Major/ Minor	Diploma, GED, Certification	Degree Sought	Date of Graduation	Overall GPA (4.0 Scale)
1. _____	to					
2. _____	to					
3. _____	to					
4. _____	to					

**SPECIAL SKILLS:** Selectively list your most pertinent skill(s), talent(s), interest(s), achievement(s), honor(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREFERRED PLACEMENT AREA:**  FISCAL  EVENTS  MEDIA  PHOTOGRAPHY

**COURSE CREDITS:** Are you participating for course credits? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

**REFERENCE:** List below and include letter of recommendation.

Name	Position/Title	Institution	Direct Telephone Number ( )
1. _____	_____	_____	_____

# New York State Senate Student Statement Spring Work-Based Learning Program

## Student Statement in Regard to Preparations and Understandings

I have read the attached information in its entirety, and I understand the program is not financial aid for on-campus study. I understand that if I am selected:

\_\_\_\_\_ participation in all aspects of the program and placement is required;  
Initial

\_\_\_\_\_ interns must work through the last scheduled date of the program in order to receive the full credit;  
Initial

\_\_\_\_\_ my application materials are kept confidentially [Public Law 93-380, Sec.438(a)(1)] for use during the screening and selection processes, for placement, and periodic review;  
Initial

\_\_\_\_\_ my application materials may be a resource in consideration of further education or employment opportunities during or after the conclusion of the program;  
Initial

\_\_\_\_\_ all materials furnished by me are original where required and the information accurate and true to the best of my knowledge; and  
Initial

\_\_\_\_\_ I am expected and agree to meet all obligations of the program.  
Initial

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Applications should be sent to:

**New York State Senate Office of Student Programs  
208 Legislative Office Building  
Albany, NY 12247**

or

**students@nyenate.gov**

---

## Application Checklist

- Complete application
- Sign student statement above
- Include a one-page statement of purpose explaining why you are applying
- Include letter of recommendation
- Identified, notified, consulted, confirmed eligibility and course credit with Campus Liaison Officer (CLO), or appropriate faculty
- Include a copy of your Photo ID





Tel: 518-455-2611 Fax: 518-426-6827  
[students@nysenate.gov](mailto:students@nysenate.gov) | [nysenate.gov/student-programs](https://nysenate.gov/student-programs)