

Work-Based Learning Fall 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.

Application Deadline: Mid-September

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 Fall 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 ()		CE	LL ()				
MAILING ADDRESS: (if different from home a	address)						
(Street & No./Bldg./Apt.)	(City)		(State)	(ZIP)			
E-MAIL ADDRESS:							
EDUCATION: List all schools you have attende	d, 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					(4.0 00010)	
2	to						
3	to						
4.	to						
SPECIAL SKILLS: If you have experience/kno participation in the program.	owledge in any of the a	areas below, p	lease check the corres	oonding box. In	experience does	not preclude	
☐ Graphic Design		☐ Machinery					
☐ Hand Tools		☐ Working with Printers					
☐ Basic Knowledge of Measurement Systems (cm, mm, in)		□Elect	ronics				
☐ Microsoft Office Suite		\square Editing/Proofing					
Adobe Creative Suite		Other					
COURSE CREDITS: Are you participating for	course credits?	If ye	s, how many?				
REFERENCE: List below and include letter of	recommendation.						
Name	Position/Title	Institution Direct Teleph		ect Telephone	Number		

New York State Senate Student Statement Fall 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:

Initial	participation in all aspects of the program 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.					
Sign	nature of Student: Date:					
Арр	Applications should be sent to:					
	v York State Senate Office of Student Programs Legislative Office Building					
	Albany, NY 12247					
or						
stu	students@nysenate.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



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