



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

☐ CARPENTRY

☐ TECHNOLOGY SERVICES

☐ HUMAN RESOURCES

☐ ADMINISTRATION

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@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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