



New York State Senate Fellowship

Senate Office of Student Programs

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

This official application is available online. Please fill out this form carefully. Incomplete or illegible applications may not be considered. It is recommended that you contact the New York State Senate Office of Student Programs to indicate your intent to apply.

DATE OF BIRTH (MM/DD/YY) _____

NAME: _____
(Last) (First) (MI)

PERMANENT ADDRESS:

(Street & No./Bldg./Apt.) (City) (State) (Zip)

PHONE: () _____

SCHOOL E-MAIL ADDRESS: _____

PERSONAL E-MAIL ADDRESS: _____

IF YOU VOTE, include City & State _____

MEMORIAL FELLOWSHIPS

Legislative fellowship applicants are also encouraged to seek consideration for memorial fellowships that apply to their graduate studies or career interests. Indicate in order of preference (1 being the first), your choice for placement in the following:

- ☐ Legislative Fellowships (12-13 positions) ☐ Richard A. Wiebe Public Service Fellowship (1 position)
☐ James L. Biggane Fellowship in Finance (1 position) ☐ Richard J. Roth Journalism Fellowship (1 position)

EDUCATION: List all colleges and universities you have attended, beginning with the most recent. Official transcripts must accompany your application.

Name of Institution (Begin with most recent)	Date of Attendance	Major/ Minor	Degree Sought, Pending, or Awarded	Date of Graduation	Overall GPA (4.0 Scale)
1. _____	to				
2. _____	to				
3. _____	to				
4. _____	to				

SPECIAL SKILLS: List any pertinent skill(s), talent(s), interest(s), achievement(s), honor(s), and/or employment you feel complement your application.

PREFERRED POLICY AREAS: (see current Standing Committees). List in order of preference (1 being the first), three areas of policy most interesting to you.

1. _____ 2. _____ 3. _____

REFERENCES: Please identify three references in support of your application. Sealed letters of support must be sent directly to the New York State Senate Office of Student Programs.

NAME	Position/Title	Institution	Direct Telephone Number
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____
3. _____	_____	_____	() _____

PLEASE INDICATE THE TITLES OF THE ENCLOSED WRITING SAMPLES:

Graduate-level Paper: _____

Policy Proposal: _____

Rebuttal of Policy Proposal: _____

New York State Senate

Graduate Legislative Fellowship Program Application

Student Statement in Regard to Preparations and Understandings

I have read the attached information in its entirety and I understand that if I am selected:

- the fellowship may exceed the on-site minimum of 35 hours per week (or 70 hours per biweekly pay period) while the New York State Senate is in Legislative Session or as the activities of my placement office require;
- Senate Fellows must work through the last scheduled date of the program in order to receive the full and timely payment of their final biweekly stipend;
- 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;
- my application materials may be a resource in consideration of further education or employment opportunities during or after the conclusion of the fellowship;
- all materials furnished by me are original where required and the information accurate and true to the best of my knowledge; and
- I am expected and agree to meet all obligations of the program.

Signature of Student: _____ Date: _____

Applications should be sent Certified Mail/Return Receipt Requested (or Express Mail) to:

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

Reminder! You need to indicate three (3) Preferred Policy Areas as part of your Fellowship application. To be sure, you can always find the most up-to-date Senate Standing Committees at NYSenate.gov.

Senate Standing Committees

Aging	Finance
Agriculture	Health
Alcoholism and Substance Abuse	Higher Education
Banks	Housing, Construction and Community Development
Budget and Revenue	Insurance
Children and Families	Internet and Technology
Cities 1	Investigations and Government Operations
Cities 2	Judiciary
Civil Service and Pensions	Labor
Codes	Libraries
Commerce, Economic Development and Small Business	Local Government
Consumer Protection	Mental Health
Corporations, Authorities and Commissions	New York City Education
Crime Victims, Crime and Correction	Procurement and Contracts
Cultural Affairs, Tourism, Parks and Recreation	Racing, Gaming and Wagering
Disabilities	Rules
Education	Social Services
Elections	Transportation
Energy and Telecommunications	Veterans, Homeland Security and Military Affairs
Environmental Conservation	Women's Issues
Ethics and Internal Governance	

Application Checklist

- | | |
|---|--|
| <input type="checkbox"/> Complete, sign application. | <input type="checkbox"/> Original, graduate-level writing sample. |
| <input type="checkbox"/> Request official school transcripts. | <input type="checkbox"/> One (1) page policy proposal & one (1) page rebuttal to your policy proposal. |
| <input type="checkbox"/> An updated resume. | <input type="checkbox"/> Indicated three (3) Preferred Policy Areas. |
| <input type="checkbox"/> A personal statement. | <input type="checkbox"/> Requested three (3) confidential letters in support of application. |