

This form is for Saratoga County and southern Warren residents only. If you live in a different county, contact the LWVNY State at 518-465-4162 or e-mail: [lwvny@lwvny.org](mailto:lwvny@lwvny.org)

STUDENTS INSIDE ALBANY APPLICATION FORM

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your current career goal/idea?

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2. How interested are you in the following areas?  
Very Interested-V Not Very Interested – N Somewhat Interested-S

a. Learning about New York State’s Legislative Process \_\_\_\_\_\_\_\_\_\_\_

b. Meeting with your state legislator \_\_\_\_\_\_\_\_\_\_\_

c. Touring the state capital \_\_\_\_\_\_\_\_\_\_\_

d. Meeting students from other parts of the state \_\_\_\_\_\_\_\_\_\_\_

3. List your school activities including sports and outside school activities and interests. You may continue your responses on a separate paper.

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4. On a separate sheet of paper with your name and phone number on top, tell us why we should choose you to attend Students Inside Albany and how you will use this experience.

5. Include a signed sealed letter from your social studies teacher or other knowledgeable reference.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All materials must be returned by **Feb. 14, 2024** to:

League of women Voters of Saratoga County, PO Box 1029, Saratoga Springs, NY 12866

E-mail: [lwvsaratoga@gmail.com](mailto:lwvsaratoga@gmail.com)