

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

## STUDENTS INSIDE ALBANY APPLICATION FORM

Name	
Address	
CityState	Zip
Home PhoneCel	I
E-mail	
School	Grade
1. What is your current career goal/idea?	
2. How interested are you in the following are Very Interested - Very Interested -	
a. Learning about New York State's Leg	gislative 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 a interests. You may continue your responses o	
4. On a separate sheet of paper with your name why we should choose you to attend Students this experience.	•
5. Include a signed sealed letter from your socknowledgeable reference.	cial studies teacher or other
NameRe	lationship 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: <a href="mailto:lwvsaratoga@gmail.com">lwvsaratoga@gmail.com</a>