



KY Legislative Internship
Application

Applicant Information

(Circle)
Ms./Mrs./Mr: _____ Date: _____
Last First M.I.

Campus Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ E-mail Address: _____

Are you a citizen of the United States? YES NO Student ID Number 00 _____
Current Cumulative GPA _____
College/Transfer/High School (Circle) A 2.8 GPA is required.

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

Current BCTC Program of Study _____ Date of Expected Graduation _____

List any honors or student organizations _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? _____
Special Recognition _____

Previous College: _____ Address: _____

From: _____ To: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? _____

References

Students are **required** to submit two letters of recommendation: one from a faculty or staff member of BCTC and one from a person of your choosing. Please print the name or references below.

BCTC Reference: _____

Other Reference: _____ Relationship to Applicant _____

Current and Previous Employment

Employer _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Employer _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Essay

In a separate document, explain why you want this opportunity and what you hope to gain from the experience. Include any state or local issues you feel strongly about. *In your introductory paragraph, include the names of your hometown legislators and express if there is a legislator to which you would request to intern.**

**Requests do not guarantee an internship with the stated legislator.*

Permission

By checking this box I give permission for my application packet to be shared with the selection committee and potential legislators.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship offer, I understand that false or misleading information in my application or interview may result in my disqualification from the program.

Signature: _____

Date: _____

Return completed application documents to:

Professor Laura Williams,
BCTC Legislate Internship Program Coordinator
Bluegrass Community & Technical College
500 Newtown Pike, 311-H Classroom Building
Lexington, KY 40508-1207
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