SENATE PAGE APPLICATION FORM
OFFICE OF SENATOR PETER WELCH

Personal Information

Full Name: _____ DOB _____

Gender: Male ☐
Female ☐
Nonbinary ☐

I certify that I am a citizen or permanent resident of the United States or otherwise legally authorized to be working in the United States. YES ☐ NO ☐

I certify that I have a social security number. YES ☐ NO ☐

Permanent Address: _____

_____

Phone Number: _____

Email Address: _____

Parent(s)'/Guardian(s)' Names: _____

Parent(s)'/Guardian(s)' Phone: _____

Parent(s)'/Guardian(s)' Email: _____

* Permission from a parent or legal guardian is required for participation in the Senate Page Program. Parent(s)/guardian(s) will be notified if the applicant is selected for the program.

Please explain your connection to the state of Vermont:

_____

_____

_____

_____

_____

School Information

School Name: _____

Address: _____

_____

School Phone: _____

Current Year In School: _____ Cumulative GPA: _____

Session Preference

I am applying for: SPRING _____ SUMMER I _____ SUMMER II _____ FALL _____

* Summer sessions only – I want to be a: COMMUTER _____ RESIDENT _____

<u>Application Materials Checklist:</u>
** required*

Application Form* ( )
Statement of Interest* ( )
Résumé* ( )
Transcript*: ( )
1 Letter of Recommendation *or* 2 References* ( )

All application materials should be emailed in a single PDF (letter of recommendation may be sent separately). All application materials should be sent to: welchinterns@welch.senate.gov