



Montana Legislative Council

LEGISLATIVE INTERN PROGRAM

STUDENT APPLICATION

2011 Session

Please print or type.

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

College/University: _____

Class (as of Nov. 2008): Sophomore (2-yr institution only) _____ Junior _____ Senior _____

Subject major: _____

Name and location of high school: _____

Have you completed at least one "government" class or equivalent? If yes, please specify course title(s):

Please list other classes you have taken that may be relevant to the Legislative Intern Program:

Leadership achievements and involvement in community affairs: _____

Political party preference, if any: _____

Chamber preference, if any: House of Representatives _____ Senate _____ No preference _____

Specific legislator preferred as sponsor, if any: _____

Particular policy topics or issues of interest to you: _____

If selected for an internship, how do you want your name to appear on your name badge?

Mail application to:
Legislative Information Office
PO Box 201706, Helena, MT 59620-1706
Phone: (406) 444-2957 Fax: (406) 444-3036