**Kentucky Agricultural Education Legislative Page Program**

**2019 Legislative Session**

Timeline:

* Applications will be made available by December 1 and will be due December 20.
* Participants will be selected and notified by January 20.
* Participants will come to Frankfort on February 27 (tentative until confirmed by Legislature)

Program Outline:

* Participants will receive an orientation email with 1-2 assignments to be completed in advance.
* Participants will spend a day at the State Capitol learning about the Legislative process and serving as a page to a Representative or Senator.
* Participants will be required to follow up with their Representative or Senator and schedule a date for them to visit their high school or attend a school event.

Frankfort Meeting Overview:

* Overview of the Legislative Process
* Capitol Tour
* Attend House Agriculture Committee Meeting
* Serve as a Page during

**Kentucky Agricultural Education Legislative Page Program**

**2019 Legislative Session**

|  |  |
| --- | --- |
| Name |  |
| Home Address |  |
| City, State Zip |  |
| Cell Phone |  |
| Email |  |
| Grade Level |  |
| School |  |
| Guardian Name(s) |  |
| State Representative |  |
| State Senator |  |

If selected, I understand and agree to the following:

* I will be expected to complete 1-2 assignments in advance of my visit to Frankfort.
* Arrange my own transportation to and from Frankfort for the program.
* Exhibit professional grooming, attire, and behavior throughout the program.
* Be an active learner throughout my time in Frankfort.
* Contact my Representative or Senator following the program to arrange for them to visit my school or attend a school event.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach the Following:**

* 1. Answers to questions on page 2.
	2. Medical Release Form
	3. Resume

Mail to: Kentucky FFA

 300 Sower Boulevard

 Frankfort, KY 40601

**Please answer the questions below or attach an additional sheet.**

Why do you want to take part in this program?

What exposure have you had to politics or local government up to this point?

Describe your leadership experiences.

What are your career goals?