

**PENNSYLVANIA HOUSE OF REPRESENTATIVES  
Room B-29 Main Capitol Building  
Harrisburg, PA 17120-2020**

**LEGISLATIVE FELLOWSHIP PROGRAM  
APPLICATION**

**APPLICANT'S NAME:**

**COLLEGE/UNIVERSITY CURRENTLY ATTENDING:**

**EXPECTED DATE OF GRADUATION (MONTH/YEAR):**

**MAJOR:**

**SCHOOL ADDRESS/TELEPHONE:**

**HOME ADDRESS/TELEPHONE:**

**E-MAIL ADDRESS:**

**NAME OF HOMETOWN LEGISLATOR (PA RESIDENTS ONLY):**

**AWARDS, HOBBIES/INTERESTS:**

**WHY ARE YOU INTERESTED IN THIS PROGRAM?:**

**Please complete this application and return to your campus coordinator along with the following: your resume, a writing sample , two letters of recommendation and current transcript.**

**Questions? Contact Raymond Whittaker, Programs Coordinator, 717-783-1027 or [rwhittaker@pabmc.net](mailto:rwhittaker@pabmc.net).**