**LRC LEGISLATIVE INTERN PROGRAM APPLICATION**

2026 Intern Class

# LETTERS OF RECOMMENDATION ARE NOT REQUIRED FOR THIS PROGRAM

**Application can be completed online at** [**www.lrc.ky.gov**](http://www.lrc.ky.gov/)

Date of Application:

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| **Applicant Information** |
| Name (First, Middle, Last): | Date of Birth: |
| Home Address: | Apt/Unit: |
| City: | State: | Zip: |
| Email: | Phone: | Cell: |

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| **Academic Information** |
| College or University: |
| Campus Address: |
| City: | State: | Zip: |
| Email: | Phone: |

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| Classification as of January 2026: JuniorSenior | Cumulative Grade Point Average to Date: |
| Major(s): Fields of Study: Minor(s):Other: |

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| List all colleges and universities attended below. |
| College or University: | Dates Attended: | Years Completed: |
| List, awards, honors, and/or recognitions received. (If relevant, you may list high school awards.): |
| Please list any major extracurricular activities during your college years and describe your participation in any community/professional organizations. (i.e., helped organize, served as president, etc.: |

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| **Employment History** |
| Please list your job history, including the employer's name, dates employed, and a description of duties. |
| Most Recent Employer: | Phone: |
| Address: |
| City: | State: | Zip: |
| Supervisor (Name & Title): |
| Position Title: | Start Date: | End Date: |
| Description of Duties: |

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| Employer: | Phone: |
| Address: |
| City: | State: | Zip: |
| Supervisor (Name & Title): |
| Position Title: | Start Date: | End Date: |
| Description of Duties: |

Briefly discuss what prompted you to apply for this internship, the skills, and attributes you will bring to the program, and the personal or professional benefits you hope to attain from this experience.

Application must include:

1. A separate sheet of paper discussing your perception of the most challenging issue facing the Commonwealth of Kentucky, and the role of the Kentucky General Assembly in addressing it.
2. A complete college transcript (this **does not** have to be an official transcript).

Please return completed application **by Monday, June 16, 2025,** via email to: Sheila.mason@kylegislature.gov

Alternatively, applicants may mail these materials to:

 Sheila Mason, Intern Coordinator

Legislative Research Commission Room 183, Capitol Annex

702 Capital Avenue

Frankfort, KY 40601

**If you have any questions, please call Sheila Mason at (502) 564-8100, ext. 59964**