

The CLLARO Capitol Fellowship Program Application



Thank you for considering the Capitol Fellowship Program! Please complete the questions below and deliver the completed application to cllaro@cllaro.org or to our office at 4755 Paris Street, Suite 300, Denver, CO 80239.

Personal Information

First Name MI Last Name

Primary Phone (Alternate Phone)

Street Address City State Zip Code

Email Address (NOT your school email address, please)

Emergency Contact

Name Relationship Phone

Demographic Survey

1. Ethnic identity:

- White Black Hispanic/Latino Asian
 Native American Pacific Islander Other
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2. Eligibility to receive stipend compensation in the U.S.:

- U.S. Citizen Permanent Resident
 DACA/Temporary Status Other _____

3. Student Status:

Name of College/University Current Academic Year

Major Minor Expected Graduation Date

4. Constituency: Help us understand how policy affects you where you live. Visit leg.colorado.gov/find-my-legislator to identify the House and Senate Districts for your home address.

County State House District State Senate District

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Required Attachments

1. At least one current letter of recommendation from an individual or mentor who is in a position to objectively judge your professional, academic and/or personal qualities.
2. Current Resume
3. Responses to essay questions below

Essay Questions

Please write 3 to 4 sentences in response to the following questions (unless otherwise stated) on a separate sheet of paper with your name listed at the top. Please attach it to this application.

1. How did you hear about the CLLARO Capitol Fellowship? (1-2 sentences)
2. Have you ever been placed in a position of leadership or responsibility? If so, how did you handle the position?
3. Please describe your top three policy priorities and why they are significant to you.
4. What do you need from an effective supervisor?
5. Please discuss any relevant qualifications or skills you can bring to the office of a legislator or lobbyist.
6. What do you hope to gain from this fellowship opportunity?

Signature

I hereby certify, to the best of my knowledge, that the information furnished on this application is true and complete without omission or misrepresentation of facts. Furthermore, if any changes occur in the information furnished on this application during the application process, I understand that I am required to report the changes to CLLARO. I understand that if I do not adhere to these standards, it is sufficient cause for rejection of my application.

Signature of Applicant

Date

For questions: Please contact CLLARO Program & Operations Manager, Kara Birnbaum, at kara.birnbaum@cllaro.org, or by phone at 303-722-5150 x 102.