



2019 Young Legislators Program Application

Name: _____

Address: _____

Phone #: _____ Email: _____

Emergency Contact: _____
Name Phone # Relationship

Name of the high school you attend: _____ Grade: _____

Have you ever participated in a program presented by a legislative office (Local, State, Federal) Yes No

If "Yes", which program: _____

Career Goals: _____

Awards/Achievements: _____

Extracurricular Activities: _____

Community Involvement: _____

Personal Interests: _____

Essay question on a separate piece of paper (250-350 words): If you were a California State Assemblymember, what would the first bill you would introduce and why?

Email or fax your completed application by **5 p.m., Wednesday, October 31, 2018** to denise.green@asm.ca.gov (subject: YLP) or 619.531.7924 fax

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