



San Mateo County Republican Party

High School Program Student Application

Name:

Date of Birth:

High School:

Year in School:

Current Mailing Address:

Phone:

Email:

Please list the times you are available to work each day. If you cannot work, enter "N/A":

Mon: Time Available:

Tues: Time Available:

Wed: Time Available:

Thur: Time Available:

Fri: Time Available:

Please rank your interest in the following areas (1 is most interested and 5 is least interested):

____ Political ____ Communications ____ Digital Media ____ Member Services ____ Finance

Please answer each of the following four questions:

1. Will you receive course credit for this program?
2. What would you like to gain from the experience?
3. Tell us something about yourself:

By signing below, I certify that the information provided above is correct to the best of my knowledge. I understand any misrepresentation herein can be grounds for immediate disqualification to participate in the SMGOP High School program.

Signature

Date