

# HIGH SCHOOL INTERNSHIP APPLICATION

## 2026 Hawaii State High School Legislative Intern Program

**Eligibility Requirements:** All applicants must be students enrolled in public high schools in the State of Hawaii, complete the application process, and receive a written consent from a parent or legal guardian. Selected students will be required to agree to 2026 High School Legislative Intern Program Guidelines and abide by all rules and policies of the Hawaii House of Representatives and Hawaii State Senate.

### Application Instructions:

1. Print and complete all sections of the application form legibly.
2. Obtain parent's or legal guardian's signature.
3. Obtain principal's signature.
4. Scan your completed application and submit your completed application by email to [y.yoro@capitol.hawaii.gov](mailto:y.yoro@capitol.hawaii.gov).

**Applications are due no later than Sunday, November 2, 2025.** No late applications will be accepted. You will receive an email confirming receipt of your application.

**Intern Selection Process:** Students will be notified of their acceptance into the program by Friday, November 21, 2025. Intern Orientation will be held on Wednesday, January 7, 2026 at the State Capitol. Any neighbor island interns will be able to participate via Zoom.

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Student's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Principal: \_\_\_\_\_  
Phone: \_\_\_\_\_

Respond to the prompt: ***“Why I want to participate in the 2026 high school legislative intern program.”*** (150-250 words)

Responses will be evaluated using all of the following criteria: 1) originality & sincerity; 2) commitment to fully participate; 3) relevance to personal interests or goals. Use specific examples to support your response.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_