Montana Youth and Government Program

Application for Newspaper Editor

Due February 16

Name:_____ Year in School:_____

Delegation:_____

Please answer the following questions in a complete and professional manner. Use a separate paper and *please attach this form to your answers.*

Please list prior experience that qualifies you for this position. Include past Youth and Government experience, if any, as well as other activities and/or classes which might help to demonstrate your ability to do the job:

1. List any experience you have with computer word processing, graphic design, and/or page layout software.
2. The position of Newspaper Editor involves meeting deadlines, resolving conflicts between other people, delegating authority and still producing quality work. Please choose 2 of the 3 scenarios below to describe how you have handled challenging situations in the past:
    a. Describe a time when you effectively led a group of people to accomplish a common task.
    b. Describe a time when you were in charge of a task too large to handle alone and explain how you delegated authority to others.
    c. Describe a time when you effectively resolved a conflict between two (or more) other people in such a manner that both continued to be able to work on the general activity and neither individual quit.
3. Please also include clips of your previously published work or a writing sample that you did for a class grade.

Signatures

I hereby declare that the above and attached information is complete and truthful. I agree that, barring emergencies and unforeseen circumstances, if offered this position, I will prioritize the daytime hours the Youth and Government program meets in Helena above all other extracurricular activities. I agree to attend the Youth and Government session in its entirety and will not schedule non-emergency appointments, meetings or activities of any kind during the daytime hours the program is in session.

Applicant's Signature_____

I support my child's application for Newspaper Editor, understand that it will be necessary for my child to be present at the Capitol in Helena during all daytime hours that the Program is in session, and do not know of any current scheduling conflicts that would interfere with my child's ability to accept if chosen.

Parent or Legal Guardian's Signature (required)_____

I hereby support the above individual's application and declare that, to the best of my knowledge, the information he or she has provided is truthful.

Advisor's Signature (required)_____