

# Assemblyman Angelo Santabarbara



**invites you to join his  
student cabinet!**

*“I formed a student cabinet to give the youth I represent a front row seat to the state legislative process. Since then, the program has continued to grow, offering students the opportunity to have their voices heard on issues that affect them and their future.”*

**– Assemblyman  
Santabarbara**

**Learn more about Assemblyman Santabarbara’s student cabinet at [www.nyassembly.gov/Santabarbara](http://www.nyassembly.gov/Santabarbara).**

Applications are due by November 1, 2025.

**Simply complete this application and send it to:**

**Office of NYS Assemblyman Angelo Santabarbara  
111th Assembly District  
433 State Street, Center City  
Schenectady, NY 12305**

Applications can also be sent by fax to 518-382-5731.



**Questions? Need more information? I’m here to help. Assemblyman Angelo Santabarbara**  
Schenectady Office: 518-382-2941 | Albany Office: 518-455-5197 | [SantabarbaraA@nyassembly.gov](mailto:SantabarbaraA@nyassembly.gov)

# Assemblyman Santabarbara's Student Cabinet

## Student Cabinet Application

**Applications due by November 1, 2025**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Grade:** 9 | 10 | 11 | 12

**Transportation:** I need assistance with transportation \_\_\_\_\_ I have transportation \_\_\_\_\_

**Computer:** I have a desktop \_\_\_\_\_ I have a laptop \_\_\_\_\_ I don't have access to either \_\_\_\_\_

**Dietary/Allergies/Medical/Disabilities** – please list any dietary restrictions or food or other allergies, medical conditions or disabilities that need to be accommodated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Names, telephone numbers and relationship for two references:**

\_\_\_\_\_  
\_\_\_\_\_

**Special skills or areas of interest:**

\_\_\_\_\_

**PLEASE ALSO SUBMIT YOUR RESUME OR SIMILAR DOCUMENT**

I, \_\_\_\_\_, the Parent/Guardian of the above applicant, consent to their participation in Assemblyman Angelo Santabarbara's student cabinet and give permission for the applicant's image to be used in photos and/or videos of the student cabinet.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**SCHENECTADY OFFICE:** 433 State St., Center City, Schenectady, NY ~ 518-382-2941 **EMAIL:** [santabarbaraa@nyassembly.gov](mailto:santabarbaraa@nyassembly.gov)

**AMSTERDAM OFFICE:** 29 E. Main Street, Room 100, Amsterdam, NY 12010 ~ 518-843-0227

**ALBANY OFFICE:** Room 654, Legislative Office Building, Albany, NY 12248 ~ 518-455-5197