



**2019-2020 United States Senate Youth Program
Georgia Department of Education
Student Nomination Form (System Representative)**

DIRECTIONS: This application must be completed on a computer. **Handwritten responses will not be accepted.** Please note that boxes will expand as you enter information.

SCHOOL INFORMATION						
Name of School System or Private School		School Attending			School Phone () -	
School Address (Street/Route/Post Office Box)		City	County	Zip	Congressional District	
APPLICANT INFORMATION						
Student's First Name		Student's Middle Name		Student's Last Name		
Preferred Name		Email			Permanent Resident of US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Residency				City	State	Zip
Cell Phone () -	Birth Date (MM/DD/YY)	Age	Grade Click to select	Gender Click to select	U.S. Citizen or Legal Resident Click to select	
PARENT/GUARDIAN INFORMATION						
Parent/Legal Guardian 1 Full Name (With Title: i.e., Mr., Ms., Dr., Rev., etc.)					Home Phone () -	
Home Address (Street/Route/Post Office Box) (Write SAME if same address)				City	State	Zip
Business Phone () -	Cellular Phone () -	Email				
Parent/ Legal Guardian 2 Full Name (With Title: i.e., Mr., Ms., Dr., Rev., etc.)					Home Phone () -	
Home Address (Street/Route/Post Office Box) (Write SAME if same address)				City	State	Zip

Business Phone () -	Cellular Phone () -	Email
		If senior, will student graduate in spring 2019? Click to select

Mark the **ELECTED** (by student body) office you **now hold** in one of the following student government, civic, or educational organizations. ***ONLY THE OFFICES LISTED BELOW WILL BE CONSIDERED.***

<input type="checkbox"/> Student Body President	<input type="checkbox"/> Class President
<input type="checkbox"/> Student Body Vice President	<input type="checkbox"/> Class Vice President
<input type="checkbox"/> Student Body Secretary	<input type="checkbox"/> Class Secretary
<input type="checkbox"/> Student Body Treasurer	<input type="checkbox"/> Class Treasurer
<input type="checkbox"/> Student Council Representative	

Student representative elected or appointed (appointed by a panel, commission, or board) to a district, regional, or state-level civic and/or educational organization approved by the state selection administrator. **School level clubs do not qualify.** Please describe:

Why did you run for office; or, why were you elected to this office?

Describe your personal attributes that qualify you to serve as a representative from Georgia at the United States Senate Youth Program.

What is your rank in scholastic standing of your class?

Upper 1% Upper 5 % Upper 10 % Upper 15% Upper 25 %

The principal's signature here certifies the percentage.

In completing this section, please be reminded that this application must be completed on a computer. Handwritten responses will not be accepted. Please note that boxes will expand as you enter information. DO NOT ATTACH SEPARATE DOCUMENTS.

Describe your participation in the political process in your community and extracurricular activities, including Social Studies Fairs:

Describe your interest in government, governance, and the political process.

Have you participated in summer academic honors programs? When? What subject area? (i.e., Governor's Honors, Duke TIP, etc...):

State your short-term and long-range plans (i.e., college and career):

Write a short paragraph on why you qualify and have the background to be selected for the Senate Youth program:

Must be currently serving in an elected or appointed position representing a constituency during the entire 2019-2020 school year. Click to select

Will be attending high school in Georgia through Spring 2020. Click to select

- Must be able to attend the entire 2020 Washington Week March 7-14, 2020 with both travel days completely blocked for USSYP
Click to select
- Must have proof of U.S. citizenship or legal permanent residence to participate in the U.S. Senate Youth Program. Click to select
- Student does not currently know that they have a scheduling conflict and understands that complete attendance at the Washington Week program is required to receive the scholarship. Click to select

If your parents or guardians are willing for you to go to Washington, D.C., March 7 – 14, 2020 to attend the United States Senate Youth Program under the conditions set forth in the rules and regulations, please have them sign below:

Date (MM/DD/YY)	Parent's/Guardian's Name	Parent's/Guardian's Signature (REQUIRED)
I support the nomination of this student for the United States Senate Youth Program.		
Date (MM/DD/YY)	Counselor's Name Counselor's Email	Counselor's Signature (REQUIRED)
Date (MM/DD/YY)	USSYP Coordinator's Name USSYP Coordinator's Email	USSYP Coordinator's Signature (REQUIRED)
Date (MM/DD/YY)	Principal's Name Principal's Email	Principal's Signature (REQUIRED)
Date (MM/DD/YY)	Superintendent's/Head Administrator's Name	Superintendent's/Head Admin. Signature (REQUIRED)

Please provide the following information for the USSYP Test Proctor Designee

Proctor's Name			
Proctor's Phone Number () -		Proctor's Email	
Proctor's Address (Street/Route/Post Office Box)	City	County	Zip

Student: Return your application to your school coordinator.

The application must be entered in the electronic application by October 4, 2019.

System coordinators, email:

Keisha Ford-Jenrette

kford@gadoe.org

Georgia Department of Education

2070 Twin Towers East

205 Jesse Hill Jr. Dr., SE

Atlanta, GA 30334-5040

It is the responsibility of the sender to ensure and verify that the document is received by the deadline.

PLEASE RETAIN FOR YOUR RECORDS ONE COPY OF EACH COMPLETED STUDENT APPLICATION.