

**2016-17 UNITED STATES SENATE YOUTH PROGRAM  
STUDENT APPLICATION**



**STUDENT INFORMATION**

Full Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*(Please include area code) (Please include area code)*

Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_ Graduating Class: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

School Phone: \_\_\_\_\_

**The USSYP requires that nominated students are currently serving in an elected or appointed position representing a constituency during the entire 2016-17 school year.**

Elected or Appointed Position(s) for the 2016-17 school year  
\_\_\_\_\_  
\_\_\_\_\_

Please describe other leadership positions and academic honors, including community service, and extracurricular activities.

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What college(s) have you applied to, considered attending, or have been accepted?

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What career path do you plan to follow?

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**The USSYP requires that student applicants confirm that, to the best of the student's knowledge, he or she does not have a scheduling conflict with the Washington Week program (March 4 - 11, 2017) and that complete attendance at Washington Week is required to receive the scholarship.**

Please sign here to confirm the above statement. \_\_\_\_\_

**REQUIRED ATTACHMENTS**

- **Student applicants must include a signed letter of recommendation from both a school administrator (or counselor) and a social studies teacher.**
  
- **Please attach a copy of your school transcript. This information will remain confidential.**

**STATEMENT OF INTEREST**

Write a brief statement indicating why you think being chosen as a Delegate to represent the State of Delaware would be beneficial to you. Please note that this paragraph is not an essay that will be judged in a contest. The purpose of this paragraph is for you to express your interest in the Senate Youth Program.

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**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_  
*Last* *First*

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

\_\_\_\_\_ *City* *State* *Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*(Please include area code)* *(Please include area code)*

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(Please include area code)*

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_  
*Last* *First*

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

\_\_\_\_\_ *City* *State* *Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*(Please include area code)* *(Please include area code)*

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(Please include area code)*

**PARENTAL AND STUDENT CONSENT**

I hereby grant my child, \_\_\_\_\_, permission to participate in the Senate Youth Program in accordance with the rules set forth by the William Randolph Hearst Foundation.

\_\_\_\_\_ *Parent Printed Name* \_\_\_\_\_ *Parent Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_ *Student Printed Name* \_\_\_\_\_ *Student Signature* \_\_\_\_\_ *Date*