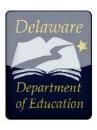
2016-17 UNITED STATES SENATE YOUTH PROGRAM STUDENT APPLICATION



STUDENT INFORMATION

Full Name:				
	ast	First		Middle
Date of Birth: _		Place of Birth: _		
Address:				
Str	eet			
City	,		State	Zip
Home Phone:		Cell I	Phone:	
	(Please include area code)			(Please include area code)
Email Address:				
Name of School:				Graduating Class:
School Address:				
	Street			
	City		State	Zip
School Phone:				
Sensor I none.				
The HCCVD as	arrives that marrivested	l studouts ous s		acurina in an alastad as
	on representing a const			serving in an elected or 2016-17 school year.
		, ,		·
Elected or Appoi	nted Position(s) for the 2	2016-17 school yea	ar	

	escribe other leadership positions and academic honors, including community servic acurricular activities.
What co	ollege(s) have you applied to, considered attending, or have been accepted?
Vhat ca	reer path do you plan to follow?
	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.

REQUIRED ATTACHMENTS

- Student applicants must include a signed letter of recommendation from <u>both</u> a school administrator (or counselor) <u>and</u> 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.

PARENT/GUARDIAN INFORMATION

Name:			
	Last	First	
Address:			
	Street		
	City	State	Zip
	City	Sitte	Σιρ
Home Phone: _	(Please include area code)	Cell Phone:	(Please include area code)
Work Phone: _	(Please include area code) Emai	l:	
PARENT/GUA	ARDIAN INFORMATION		
Name:	T	E	
	Last	First	
Address:	Street		
	City	State	Zip
Home Phone: _	(DI : 1.1 I)		(DI : 1.1
	(Please include area code)		(Please include area code)
Work Phone: _	(Please include area code)	1:	
PARENTAL A	AND STUDENT CONSENT		
hereby grant in the Senate You Foundation.	my child, th Program in accordance with		permission to participate in the William Randolph Hears
Parent Printed Name		Parent Signature	Date
Student Printed Name		Student Signature	 Date