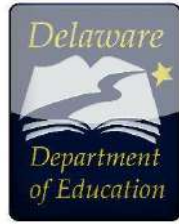


**2017-2018 UNITED STATES SENATE YOUTH PROGRAM
STUDENT APPLICATION**



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 2017-18 school year.

Elected or Appointed Position(s) for the 2017-18 school year:

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*