2017-2018 UNITED STATES SENATE YOUTH PROGRAM STUDENT APPLICATION



STUDENT INFORMATION

Full Name:				
L	ast	First		Middle
Date of Birth: _		Place of Birth:		
Address:				
Str	reet			
City	,	Sta	tate	Zip
Home Phone:	(Please include area code)	Cell Ph	none:	
	(Please include area code)			(Please include area code)
Email Address:				
NI CO 1 1				
Name of School:	_			Graduating Class:
School Address:				
	Street			
	City	Sto	tate	Zip
School Phone:				
encor r none.		 -		
The USSYP re	couires that nominated	l students are cur	rrently	serving in an elected or
				tire 2017-18 school year.
Elected or Appoi	nted Position(s) for the 2	2017-18 school year:		
Elected of Tippol	nica i osition(s) for the 2	or, resemble year.		

Please describe other leadership positions and academic honors, including community service, and extracurricular activities.					
What college(s) have you applied to, considered attending, or have been accepted?					
What career 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 3 - 10, 2018) 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 <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
Home Phone: _		Cell Phone:	
	(Please include area code)		(Please include area code)
Work Phone: _	Email	• •	
	(Please include area code)		
PARENT/GUA	ARDIAN 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)		
	AND STUDENT CONSENT		
	my child,		permission to participate in
Foundation.	un Program in accordance with	the fules set form by th	e wimam Kandoiph Hearsi
Parent P	rinted Name	Parent Signature	Date
Student F	Printed Name	Student Signature	Date