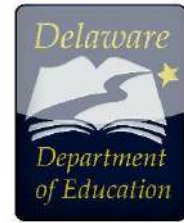


2020-2021 UNITED STATES SENATE YOUTH PROGRAM STUDENT APPLICATION



Full Name: Last, First Middle

Date of Birth: Date of Birth

Place of Birth: City, State (or Country)

(Note: must be U.S. citizen or legal permanent resident to apply)

Address: Street Address
City, State Zip

Home Phone: Area Code + Number

Cell Phone: Area Code + Number

Email Address: Email Address

Name of School: Name of School

Graduating Class: Year

School Address: Street Address
City, State Zip

School Phone: Area Code + Number

Principal/Head of School: Name

Principal/Head of School Email Address: Email Address

Counselor Email Address: Email Address

The USSYP requires that nominated students are currently serving in an elected or appointed student leadership position during the entire 2020-2021 academic year. Student leadership positions held during the 2019-2020 academic year will be allowed if student is unable to hold the usual qualifying positions for the current academic year due to disruption caused by the pandemic. All student leadership qualifying positions are subject to the judgement of the state selection administrator and will be verified.

Elected or Appointed Position(s) for the 2020-2021 (or 2019-2020) school year:

Academic Year Position Held
Elected/Appointed Position

Additional Elected/Appointed Positions (if applicable)

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

Enter Text

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

Enter Text

What career path do you plan to follow?

Enter Text

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.

Enter Text

TESTING

Student testing is a requirement in order to be considered for the U.S. Senate Youth Program. Due to the current pandemic, testing will be held virtually this year, in a yet to-be-determined format and date. There is no study or preparation in advance. Details of testing will be shared at a later date with all qualified applicants.

CONSENT FORM - Next Page (signatures required).

Please scan or take a clear picture of the entire signed Consent Form and return by email with your full application package.

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 14-18, 2021) and that complete virtual attendance at Washington Week is required in order to receive the scholarship.

Student, please sign here to confirm the above statement:

PARENT/GUARDIAN INFORMATION

Name: Last, First

Address: Street Address
City, State Zip

Home Phone: Area Code + Number

Cell Phone: Area Code + Number

Work Phone: Area Code + Number

Email: Email Address

PARENT/GUARDIAN INFORMATION

Name: Last, First

Address: Street Address
City, State Zip

Home Phone: Area Code + Number

Cell Phone: Area Code + Number

Work Phone: Area Code + Number

Email: Email Address

PARENTAL AND STUDENT CONSENT

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

Parent's Printed Name

Parent Signature

Date

Student's Printed Name

Student Signature

Date

REQUIRED ATTACHMENTS

- **Two (2) Signed Letters of Recommendation:**
 - 1) from School Administrator -or- Counselor
 - 2) from Social Studies Teacher
- **Copy of School Transcript - this information will remain confidential**
- **Consent Form - with signatures**
 - Please scan or take a clear picture of the entire Consent Form and return by email with your full application package.

EMAIL COMPLETED APPLICATION WITH ALL REQUIRED ATTACHMENTS & SIGNATURES TO:

Preston.Shockley@doe.k12.de.us