Commonwealth of Virginia

Completed applications must be postmarked to the Virginia Department of Education no later than September 23, 2016

Department of Education

P.O. Box 2120

 Richmond, Virginia 23218-2120

**Student Application**

**2017 United States Senate Youth Program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |       |       |       |       |

 (Last) (First) (Middle) (Preferred Name)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address |       |       |       |       |

 (Street) (City) (State) (Zip Code)

|  |  |  |
| --- | --- | --- |
| E-mail       | Current year in school: Junior[ ]  | Senior[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Telephone |       | Age      | Male [ ]  | Female [ ]  |
|  |
| High School |       | Public [ ]   | Private [ ]  |
| Principal       |
| School Address |       |       |       |       |

 (Street) (City) (State) (Zip Code)

|  |  |  |  |
| --- | --- | --- | --- |
| School Telephone |       | School Division |       |
| School or Contact Person E-mail Address       |
| Parent’s/Guardian’s Name: |       |
| Parent’s/Guardian’s Address |  |  |  |  |
|  (Street) (City) (State) (Zip Code) |
| Telephone (H)      | (W) |       |

Name of school individual responsible for administering the examination

|  |
| --- |
|       |
| Student’s 2016-2017 Elected Office **(Required)** |       |
| High School GPA | Spring 2016 semester  | Cumulative  | School’sHighest Possible GPA  |

Please complete the attached informational form. DO NOT SUBMIT ANY OTHER DOCUMENTS.

|  |  |
| --- | --- |
| The information provided on the attachment accurately reflects my accomplishments during high school. | Student’s Signature Date |
| Please postmark application by **September 23, 2016,** and sendto:Ms. Christonya Brown, CoordinatorHistory and Social ScienceOffice of Humanities & Early ChildhoodVirginia Department of EducationP.O. Box 2120 Richmond, VA 23218-2120Fax: (804) 786-1597 | I certify that the information on this application is accurate and the student’s parent or legal guardian is a legal resident of the Commonwealth of Virginia. In addition, this student is the nominee from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the Senate Youth Scholarship Program. School NamePrincipal’s SignaturePrincipal’s Name |

Student Application - 2017 United States Senate Youth Program

Nominee’s Name

2016–2017 Student Government Office(s)

**(Required to serve for the entire 2016-2017 academic year)**

Previous offices held during high school

|  |  |
| --- | --- |
| Office | Year |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

Community Service completed during high school

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Date(s) | Hour(s) | Supervisor of Activity |
|  |  |  |  |
|  |  |  |  |
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High school award(s) and achievement(s)

|  |  |  |
| --- | --- | --- |
| Award or achievement | Awarding Authority | Date of Award |
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Student Application - 2017 United States Senate Youth Program

Nominee’s Name

Extracurricular activities during high school (sports, clubs, scouts, etc.)

|  |  |  |
| --- | --- | --- |
| Activity | Dates involved | Sponsoring organization |
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Please indicate your future goals (college, career, etc.).

Please provide a brief paragraph explaining how participation in the Senate Youth Program will enhance your education and interest in the country’s political process.