Commonwealth of Virginia

Completed applications must be postmarked to the Virginia Department of Education no later than September 26, 2014

Department of Education

P.O. Box 2120

Richmond, Virginia 23218-2120

**Student Application**

**2015 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 2014-2015 Elected Office **(Required)** | |  | | |
| High School GPA | Spring 2014 semester | | Cumulative | School’s  Highest 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 26, 2014,** and sendto:  Ms. Christonya Brown  Virginia Department of Education  P.O. Box 2120  Richmond, VA 23218-2120  Fax: (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 Name  Principal’s Signature  Principal’s Name |

Student Application - 2015 United States Senate Youth Program

Nominee’s Name

2014–2015 Student Government Office(s) **(Required)**

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 - 2015 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.