Virginia Department of Education

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| 2018 United States Senate Youth Program  Application  **Completed applications must be**   * **emailed to Valencia Goodall at** [**Valencia.Goodall@doe.virginia.gov**](mailto:Valencia.Goodall@doe.virginia.gov) **by Friday, September 22, 2017;** * **typed (handwritten applications will NOT be accepted);**   **Send hardcopy of application with original signatures to: Ms. Christonya Brown, Coordinator of History and Social Science, Office of Humanities & Early Childhood, Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218-2120.** |  |

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| Student NOminee Information | | | | | | | | | | | |
| Last Name |  | First | |  | | | | M.I. | | Preferred Name |  |
| Street Address |  | | | | | | | Apartment/Unit # | | |  |
| City |  | State | |  | | | | ZIP |  | | |
| Phone |  | Email Address | |  | | | | | | | |
| Male | | Female | | | | | | | | | |
| Junior | | Senior | | | | | | | | | |
| School Information | | | | | | | | | | | |
| High School |  | | | | | | | | | | |
| Address |  | | | | | | | | | | |
| School Telephone |  | | | School Division | |  | | | | | |
| Public | | | | Private | | | | | | | |
| Principal |  | | | Email Address | |  | | | | | |
| Name of school individual responsible for administering the examination |  | | | Email Address | |  | | | | | |
| Contact Information | | | | | | | | | | | |
| Parent/Guardian Information | | | | | | | | | | | |
| Full Name |  | | Relationship | | | |  | | | | |
| Address |  | | | | | | | | | | |
| Phone (H) |  | | Work/Cell | | | |  | | | | |
| Email Address |  | | | | | | | | | | |
| Requirements | | | | | | | | | | | |
| Student’s 2017 – 2018 Elected Office |  | | | | | | | | | | |
| Organization |  | | Website  (if available) | |  | | | | | | |
| Address |  | | Phone | |  | | | | | | |
| Signatures | | | | | | | | | | | |
| The information provided on the attachment accurately reflects my accomplishments during high school. | | | Student Signature/Date | |  | | | | | | |
| 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 Name | |  | | | | | | |
| Principal’s Signature/Date | |  | | | | | | |

2018 United States Senate Youth Program

Application

Please complete informational form below. DO NOT SUBMIT ANY OTHER DOCUMENTS.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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/Organization | | | | Date of Award | |
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| 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.) | | | | | | | | |
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| please provide a brief paragraph explaining how participation in the Senate Youth Program will enhance your education and interest in the political process in the united states. | | | | | | | | |
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