School Year (SY) 26-27 USSYP School Administrators Form

Multiple forms may be submitted if the qualifying organization advisor is not a school employee

1. STUDENT APPLICANT

Name of student applicant: _____

Title of student applicant's leadership position: _____

2. SCHOOL INFORMATION

Name of school district/charter school: _____

Name of high school (if appropriate): _____

3. HIGH SCHOOL PRINCIPAL/SCHOOL LEADER INFORMATION AND CONFIRMATION

3a. High school principal/charter school leader's name: _____

Principal/school leader's email: _____

Principal/school leader's contact number: _____

3b. Approval for student to participate in virtual interviews

☐ If the student applicant name above is selected as a finalist, they have my support to participate in a virtual interview, likely to be scheduled between 8:00 AM and 5:00 PM between October 22 and November 12, 2026.

3c. Approval for student to participate in in-person USSYP reception

☐ If the student applicant named above is selected as a finalist, alternate, or delegate, they have my support to participate in the in-person USSYP reception, likely to take place at DESE (in Everett) in February 2027.

3d. Principal's/school leader's signature and date (REQUIRED): _____

4. QUALIFYING ORGANIZATION ADVISOR OR COUNSELOR INFORMATION AND CONFIRMATION

4a. Organization Advisor or Counselor's name: _____

Organization Advisor or Counselor's email: _____

Organization Advisor or Counselor's contact number: _____

4b. Confirmation of student applicant's leadership position (check the box below)

☐ I verify this student is holding the leadership position noted.

4c. Organization Advisor or Counselor's signature and date below (REQUIRED):

_____