

**2025 United States Senate Youth Program**

**Massachusetts Department of Elementary and Secondary Education**

**Student Application**

# APPLICANT INFORMATION

Student’s Legal Frist, Middle, Last Name:

Preferred Name:

Full mailing address:

Email, home phone, cell phone:

Date of Birth, Age, Grade, Gender:

**Note: Applicants must be U.S. citizens or have permanent residency at the time of application.**

☐ YES, I am a U.S. citizen

☐ NO I am not a U.S. citizen, but I am a permanent resident in possession of my official Green Card at the time of this application. Having applied for a Green Card, but not in possession, means you cannot apply for USSYP.

**APPLICANT SIGNATURE Date (MM/DD/YY)**

*By your signature, you attest that you do not currently know of a scheduling conflict, and you acknowledge and understand that complete attendance at the in-person or online Washington Week is required to receive the scholarship.*

# SCHOOL INFORMATION

Check box for Public High School ☐ / Private High School ☐

Name of High School

School Phone, full address.

Principal’s Name, email, and phone

**Note: Student must be attending high school for the entire school year in the state at least one parent / guardian resides.**

# PARENT/GUARDIAN INFORMAION

Parent/Guardian 1 full name with prefix.

Phone - cell/home, Email

Home address

Parent/Guardian 2 full name with prefix.

Phone - cell/home, Email

Home address

**Mark the ELECTED/APPOINTED office you now hold for the entire 2024-2025 school year in one of the following student government, civic, or educational organizations:**

☐ Student Body President ☐ Class President ☐ Student Body Vice President ☐ Class Vice President

☐ Student Body Secretary ☐ Class Secretary ☐ Student Body Treasurer ☐ Class Treasurer

☐ Student Council Representative ☐ Officer in a National Honor Society chapter

**☐\*** Student representative elected or appointed (appointed by a panel, commission, or board) to a local, district, regional or state-level civic, service and/or educational organization whose primary purpose is public/ community service and constituent representation. Such positions will be subject to approval by the state selection administrator.

**What is your qualifying position if not student body or Honor Society officer?**

**What do you do to serve your community and support your constituency year-round in this position:** (50-word limit)

**The positions listed below DO NOT qualify the student for the program:**

* Attendance or officer position at Boys/Girls Nation or State summer conference
* General Member of a National Honor Society or JROTC (serving as an officer or commander will qualify)
* Member or leader of the Boy Scouts, Girl Scouts, or a sports team
* A founder or chairperson of a self-created group
* A participant, captain or officer in Mock Trial, Debate Team, Model UN or other academic club, mock legislature, conference, or competition where the primary engagement is for individual educational benefit.

**REQUIRED:** Parents or guardians must sign below to approve for you to go to Washington, D.C. for a week to attend the United States Senate Youth Program under the conditions set forth in the rules and regulations of the program brochure**:** [Brochure and National Press Announcement – United States Senate Youth Program (ussenateyouth.org)](https://ussenateyouth.org/selection_process_brochure/)

**PARENT/GUARDIAN SIGNATURE and CONFIRMATION Date (MM/DD/YY)**

1st Parent's/Guardian's Signature (REQUIRED) Sole guardian yes/no?

2nd Parent's/Guardian's Signature (REQUIRED)

**PRINCIPAL SIGNATURE AND CONFIRMATION Date (MM/DD/YY)**

**I verify this student is holding the leadership position noted and is endorsed to represent our school and state if chosen.**

Principal's Name

Principal's Signature (REQUIRED)

Date (MM/DD/YY)

Principal's Email

**Qualifying Position Organization Advisor or Counselor Signature Date (MM/DD/YY)**

Qualifying Position Organization Advisor or Counselor's Name

Qualifying Position Organization Advisor or Counselor's Signature (REQUIRED)

Qualifying Position Organization Advisor or Counselor's Name Counselor's email

**Student rank in scholastic standing of student class?**

☐ Upper 1% ☐ Upper 5% ☐ Upper 10% ☐ Upper 25% ☐ Other \_\_\_\_\_\_\_\_\_

**Checklist of all application materials AND note deadline for all material:**

Note that materials received after midnight on 10/9 will be automatically declined for submission for the 2025 program.

☐ Completed application form including:

☐ applicant information and signature,

☐ parent/guardian information and signature(s),

☐ principal information and signature,

☐ advisor/counselor information and signature; and

☐ school information

☐ Completed Parts I – V:

☐ leadership positions,

☐ school activities,

☐ volunteerism/community service,

☐ honors/awards,

☐ future aspirations.

☐ Part VI: Persuasive Essay: Note instructions on how to submit typed, font size double/single spaced and length