# DESE logoUSSYP logo2025-2026 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: Click or tap here to enter text.

Title of student applicant’s leadership position: Click or tap here to enter text.

1. **SCHOOL INFORMATION**

Name of school district/charter school: Click or tap here to enter text.

Name of high school (if appropriate): Click or tap here to enter text.

1. **HIGH SCHOOL PRINCIPAL/SCHOOL LEADER INFORMATION AND CONFIRMATION**

High school principal/charter school leader’s name: Click or tap here to enter text.

Principal/school leader’s email: Click or tap here to enter text.

**3a. Confirmation of student applicant’s scholastic standing**

**What is the student’s rank in scholastic standing of the student class?**

[ ] Upper 1% [ ] Upper 5% [ ] Upper 10% [ ] Upper 15% [ ] Upper 25%

[ ] Other: Click or tap here to enter text.

**3b. Principal's signature and date (REQUIRED):** Click or tap here to enter text.

1. **QUALIFYING ORGANIZATION ADVISOR OR COUNSELOR INFORMATION AND CONFIRMATION**

Organization Advisor or Counselor’s name: Click or tap here to enter text.

Organization Advisor or Counselor's email: Click or tap here to enter text.

**4a. Confirmation of student applicant’s leadership position (check the box below)**

[ ] I verify this student is holding the leadership position noted.

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

Click or tap here to enter text.