## United States Senate Youth Program Application Form 2023-2024

Student Informa	tion:				
Legal Name:					
	First		M. I.	Last	
Date of Birth: U.S. Resident/Cit	izen:	YES or NO	_ Gender: _ Pronouns: _		
Home Address:					
	Street		·	Zip Code	
Home Phone: Email:		)	Cell Phon	e: <u>(</u> )	
Email:				Cell Phone: (	)
Email:				Cell Phone: (	)
School Informat High School: School Address:	_				
	S	Street	City	у	Zip Code
				Phone: <u>(</u>	)
Name of School (	Contact	t:		Phone: <u>(</u>	)
Qualifications for School Leaders Civic/Education	or Scho ship Po nal Lea	ool Year 2023-2	<b>2024</b> (Attach additionants):	al pages if necessar	y.):
Why do you wa *Attach addition			i in the United State	es Senate Youth Pr	ogram?
Describe your *Attach addition			s a leader in your sc	chool and in your c	ommunity.

## **Leadership Positions:**

List all elected or appointed positions held in high school.

Leadership Positions	Grade	Grade	Grade	Grade	Activity/Organization
	9	10	11	12	

Commu	ınitv	<b>Activ</b>	itiae.
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List community activities that you have participated in and note any major accomplishments.

Community Activities	Date(s) of Service	Major Accomplishments

## **Recognition and Awards:**

List major accomplishments and/or recognition, honors and awards you have received.

Recognition or Award	Grade 9	Grade 10	Grade 11	Grade 12	Activity/Organization

I certify that the information on this application is correct. I am a high school junior or senior in a student leadership position and a legal permanent resident or citizen of the United States. If selected, I will provide proof of vaccination status should Washington Week be held in person.

Applicant's Signature	Date
	the best of my knowledge. I give permission for my be allowed to attend Washington Week.
Principal's Signature	Date

Deadline: Friday, October 6, 2023

Send application, academic transcripts and one letter of recommendation to:

Mail to: OCID - Student Activities Program, 475 22nd Avenue, Room 207, Honolulu, HI 96816

or Email: tiffany.frias@k12.hi.us