

United States Senate Youth Program Application Form 2024-2025

Student Information:

Legal Name: _____

First

M. I.

Last

Date of Birth: _____

Gender: _____

U.S. Resident/Citizen: YES or NO

Pronouns: _____

Home Address: _____

Street

City

Zip Code

Home Phone: _____

()

Cell Phone: _____

()

Email: _____

Parent/Guardian Name: _____

Cell Phone: _____

()

Email: _____

Additional:

Parent/Guardian Name: _____

Cell Phone: _____

()

Email: _____

School Information:

High School: _____

School Address: _____

Street

City

Zip Code

Name of Principal: _____

Phone: _____

()

Email: _____

Name of School Contact: _____

Phone: _____

()

Email: _____

Qualifications for School Year 2024-2025 *(Attach additional pages if necessary.):*

School Leadership Position(s): _____

Civic/Educational Leadership Position(s): _____

Current Grade Level (Junior or Senior): _____

Why do you want to represent Hawaii in the United States Senate Youth Program?

*Attach additional page

Describe your current role serving as a leader in your school and in your community.

*Attach additional page

Leadership Positions:

List all elected or appointed positions held in high school.

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

Community Activities:

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.

Applicant's Signature Date

I affirm that all of the above is correct to the best of my knowledge. I give permission for my student to participate and if selected will be allowed to attend Washington Week.

Principal's Signature Date

Deadline: Friday, October 4, 2024

Send application, academic transcripts and one letter of recommendation by:
Mai to: OCID - Student Activities Program, 475 22nd Avenue, Room 207, Honolulu, HI 96816
or Email to: tiffany.frias@k12.hi.us