**2020-2021 UNITED STATES SENATE YOUTH PROGRAM**

# APPLICATION CHECKLIST

For use as a reference; **do not include** with your application.

|  |  |  |
| --- | --- | --- |
| 1. Does your application package include: | **Yes** | **No** |
| **Section I:** Student Application Form with all signatures |  |  |
| **Section II:** Academic and Extracurricular Activity History |  |  |
| **Section III:** Student Essay |  |  |
| **Section IV:** Recommendations   * + - School Principal/Teacher/Counselor     - Advisor to Current Elected/Appointed Office     - Community Member |  |  |
| 1. Has someone else **proofread** your application for clarity, grammar, spelling, and typos? |  |  |
| 1. Did you single-space your essay? |  |  |
| 1. Is the type/font easy to read and no smaller than 11 point? |  |  |

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| --- |
| Submit completed applications via e-mail to [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us)  by **Wednesday, January 6, 2021, at 11:59 pm**. |

**59TH ANNUAL UNITED STATES SENATE YOUTH PROGRAM**

**2020-2021 Colorado Student Application Form**

**Applications Due: Wednesday, January 6, 2021, by 11:59 pm**

# SECTION I: STUDENT APPLICATION FORM

| STUDENT INFORMATION | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:**  [First, Middle, Last] |  | | | | | | | **Date of Birth:**  [Month/Day/Year] |  | |
| **Student Phone:** |  | | | | **Student E-mail Address:** | | |  | | |
| **Home Address:**  [Street, City, State, Zip] |  | | | | | | | | | |
| **Congressional District:** |  | | | | | | | | | |
| **Name(s) of Parent(s)/Guardian(s):** | | |  | | | | | | | |
| **Home Phone:** |  | | | | **Home E-mail Address:** | | |  | | |
| **Student’s Current Year in High School:** | | | | Junior  Senior | | | **Expected Graduation:**  [Month/Year] | | |  |
| **Student is a current US Citizen:** | | Yes  No | | | | **Student is a permanent resident of the US:** | | | | Yes  No |

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| --- | --- | --- | --- | --- |
| SCHOOL AND DISTRICT INFORMATION | | | | |
| **High School Name:** |  | | **School District:** |  |
| **School Address:**  [Street, City, State, Zip] |  | | | |
| **School Phone:** |  | | **School Type:** | Public School (Includes Charters)  Private School |
| **Principal Name:** |  | **Principal E-mail Address:** | |  |
| **List below each elected or appointed office the student is currently serving for the entire school year (2020-2021):** | | | | |
|  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TO BE COMPLETED BY STUDENT’S/SCHOOL’S GUIDANCE DEPARTMENT | | | | | | |
| **High School Grade Point Average:** | **Last Semester:** [Spring 2020] | |  | | **Unweighted GPAs:**  [if applicable] |  |
| **Cumulative GPA:** [HS Career] | |  | |  |
| **Number of Students in Student’s Graduation Class:** | | |  | **Class Rank:** [if applicable] | |  |
| **Name of Guidance Official:** | |  | | | | |
| **Signature of Guidance Official:** | |  | | | | |

|  |  |
| --- | --- |
| PARENT/GUARDIAN AND STUDENT SIGNATURES | |
| *I certify that I have carefully read the United States Senate Youth qualifications and program rules; that all the information in this application is correct; and that I do not currently have a scheduling conflict; and I understand complete attendance at the ONLINE Washington Week program is required to receive the scholarship.* | |
| **Parent/Guardian Signature:** |  |
| **Student Signature:** |  |

# SECTION II: ACADEMIC AND EXTRACURRICULAR ACTIVITY HISTORY

Add rows to tables as needed.

1. List all **ELECTED OR APPOINTED OFFICES** held in student government, civic or educational organizations beginning with the current office held and ending with 9th grade.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Office and Organization** | **Duties While in Office** | **Academic Year Office was Held** (i.e., 9th grade) | **Length of Time in Office** | **GPA While in**  **Office** |
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1. List all history, civics, and/or economics courses taken in high school by academic year, beginning with current year and ending with 9th grade.

|  |  |  |
| --- | --- | --- |
| **Name of Course** | **Academic Year** | **Grade Earned** |
|  |  |  |
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1. List major school-related service activities (other than student government) in which you have participated.

|  |  |  |
| --- | --- | --- |
| Activity | **Duties** | **Years Participated** |
|  |  |  |
|  |  |  |
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1. List major service activities not related to school in which you have participated.

|  |  |  |
| --- | --- | --- |
| Organization and Activity | **Duties** | **Years Participated** |
|  |  |  |
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1. List major honors/awards that you have received.

|  |  |
| --- | --- |
| **Honor/Award** | **Year(s) Received** |
|  |  |
|  |  |
|  |  |
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1. Provide a short paragraph listing your leadership positions and academic honors, including community service, other extracurricular pursuits and general plans for college and career in order of importance. **Note: If selected as a delegate or alternate, this brief paragraph will be submitted with your participation information.**[Limit 150 words]

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**UNITED STATES SENATE YOUTH PROGRAM**

# SECTION III: STUDENT ESSAY

Essay must be typed, single-spaced, and 11-point font.Points will not only be awarded for how well applicant addresses the question, but also for grammar, spelling, and punctuation**.** Essay may be attached as a separate page.

Write a **maximum** 500-word statement on the topic, **"How will your participation in this program help define your career path and further your interest in politics?”** This is your opportunity to show us your passion on political and civic matters. What has driven you? What has inspired you? What in your life has made you want to participate in this program? How do you think this experience will change your life?

[Limit 500 words]

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**UNITED STATES SENATE YOUTH PROGRAM**

# SECTION IV: RECOMMENDATION - SCHOOL PRINCIPAL/TEACHER/COUNSELOR

Responses may be attached as a separate page.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference Name:** | | |  | | | | | **Title:** |  | | | |
| **Telephone:** |  | | | | **E-mail Address:** | |  | | | | | |
| **Organization:** | |  | | | | | | | | | |  |
| **How long and in what capacity reference has known applicant:** | | | | | |  | | | | | | |
| **Reference Signature:** | | | |  | | | | | | **Date:** |  | |

For the following qualities, please describe how the nominated student goes above and beyond.

Leadership and Public Speaking Ability  
**[100 word limit]**

Demonstrated Responsibility, Maturity, and Achievement  
**[100 word limit]**

Participation in a wide selection of activities on and off campus.  
**[100 word limit]**

Interpersonal Skills  
**[100 word limit]**

Briefly describe what is unique about this student. How does this student stand out from other students?  
**[150 word limit]**

**UNITED STATES SENATE YOUTH PROGRAM**

# SECTION IV: RECOMMENDATION - ADVISOR TO CURRENT ELECTED/APPOINTED OFFICE

Responses may be attached as a separate page.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference Name:** | | |  | | | | | **Title:** |  | | | |
| **Telephone:** |  | | | | **E-mail Address:** | |  | | | | | |
| **Organization:** | |  | | | | | | | | | |  |
| **How long and in what capacity reference has known applicant:** | | | | | |  | | | | | | |
| **Reference Signature:** | | | |  | | | | | | **Date:** |  | |

For the following qualities, please describe how the nominated student goes above and beyond.

Leadership and Public Speaking Ability  
**[100 word limit]**

Demonstrated Responsibility, Maturity, and Achievement  
**[100 word limit]**

Participation in a wide selection of activities on and off campus.  
**[100 word limit]**

Interpersonal Skills  
**[100 word limit]**

Briefly describe what is unique about this student. How does this student stand out from other students?  
**[150 word limit]**

**UNITED STATES SENATE YOUTH PROGRAM**

# SECTION IV: RECOMMENDATION - COMMUNITY MEMBER

Responses may be attached as a separate page.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference Name:** | | |  | | | | | **Title:** |  | | | |
| **Telephone:** |  | | | | **E-mail Address:** | |  | | | | | |
| **Organization:** | |  | | | | | | | | | |  |
| **How long and in what capacity reference has known applicant:** | | | | | |  | | | | | | |
| **Reference Signature:** | | | |  | | | | | | **Date:** |  | |

For the following qualities, please describe how the nominated student goes above and beyond.

Leadership and Public Speaking Ability  
**[100 word limit]**

Demonstrated Responsibility, Maturity, and Achievement  
**[100 word limit]**

Participation in a wide selection of activities on and off campus.  
**[100 word limit]**

Interpersonal Skills  
**[100 word limit]**

Briefly describe what is unique about this student. How does this student stand out from other students?  
**[150 word limit]**