



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 COORDINATOR OF U.S. SENATE YOUTH PROGRAM

**U.S. SENATE YOUTH PROGRAM APPLICATION**

P.O. BOX 480  
 JEFFERSON CITY, MISSOURI 65102

**PART I—STUDENT**

**NOTE:** Part I of this application – pp. 1-4 – is to be completed by the student. Part II – pp 5-6 – is to be completed by the student's principal or by a counselor or teacher whom the principal appoints and who knows the student well. Both parts I and II of this application form must be mailed to Curriculum Services, Coordinator of U.S. Senate Youth Program, Missouri Department of Elementary and Secondary Education, postmarked no later than **Friday, September 23, 2011. Late applications will not be considered.**  
**TRANSCRIPTS MUST BE INCLUDED WITH THIS APPLICATION.**

**A. PERSONAL INFORMATION**

NAME (LAST, FIRST, MIDDLE)	
HOME ADDRESS (Street, City, State, and Zip Code)	TELEPHONE NUMBER
E-MAIL ADDRESS	
DATE OF BIRTH	GRADE <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH
CHECK ANY OF THE FOLLOWING <b>ELECTIVE</b> OFFICE (S) <b>CURRENTLY</b> HELD	
STUDENT BODY OFFICES: <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> STUDENT COUNCIL REPRESENTATIVE	
CLASS OFFICES: <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER	
OTHER: <input type="checkbox"/> STUDENT REPRESENTATIVE TO DISTRICT, REGIONAL, OR STATE-LEVEL CIVIC OR EDUCATIONAL ORGANIZATION	
NAME OF SCHOOL	
SCHOOL ADDRESS (Street, City, State, and Zip Code)	
E-MAIL ADDRESS	
NAME OF PRINCIPAL	TELEPHONE NUMBER
	FAX NUMBER
PARENTS OR GUARDIANS	
PARENTS OR GUARDIANS ADDRESS (Street, City, State, and Zip Code)	HOME TELEPHONE
	BUS. TELEPHONE
E-MAIL ADDRESS	

**NOTE:** Respond to the items on this page and the pages that follow in the space provided. If more space is needed, additional pages may be used.

**B. SIGNIFICANT SCHOOL ACTIVITIES**

List as follows school activities in which you have participated which you consider to be significant (student government, athletics, clubs, etc.):

**Name of Activity and Grades in which you participate in it:**

**Titles of Elective Office(s) Held in the Activity and grades in which the office(s) were held:**

Examples:

- \*Student Council (9, 11, and 12).....Vice President (11), President (12)
- \*Basketball (9-12).....Captain (11, 12)

**C. SIGNIFICANT COMMUNITY ACTIVITIES**

List as follows community activities in which you have participated which you consider to be significant (Scouts, 4-H, youth groups, church work, volunteer charitable service, etc.):

**Name of Activity and Grades in which you participate in it:**

**Titles of Elective Office(s) Held in the Activity and grades in which the office(s) were held:**

**D. SIGNIFICANT EMPLOYEMENT EXPERIENCES AND/OR SUMMER ACTIVITIES**

List part-time employment or summer activities (travel, camp, etc.) that you consider to be significant and the dates in which you participated in them.

**E. LEISURE-TIME ACTIVITIES, INTEREST, AND HOBBIES**

List leisure-time activities, interests, and hobbies, starting with those you consider to be most important.

**F. FUTURE ASPIRATIONS**

Describe plans you have for your future (school, career, profession, etc.)

## G. SHORT ESSAYS

Type answers to the following questions on standard paper (8 1/2" x 11"), and attach those pages to this application:

1. Present information about yourself in three paragraphs, as follows:

In the first paragraph, discuss yourself as a **scholar**, informing the reader about what courses you have valued most and why. In the second paragraph, discuss yourself as an **achiever**, describing goals you have set for yourself and your achievements in regard to those goals. In the third paragraph, discuss yourself as a **leader**, describing why you believe your classmates have sufficient confidence in you to elect you to the office(s) you hold.

2. Explain why you want the experience of being a Senate Youth Delegate.

3. Present several reasons why you believe you should be selected as a Senate Youth Delegate.

STUDENT SIGNATURE

DATE



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 COORDINATOR OF U.S. SENATE YOUTH PROGRAM  
**U.S. SENATE YOUTH PROGRAM APPLICATION**

P.O. BOX 480  
 JEFFERSON CITY, MISSOURI 65102

**PART II—SCHOOL ADMINISTRATOR**

**NOTE:** Part I of this application – pp. 1-4 – is to be completed by the student. Part II – pp. 5-6 – is to be completed by the student's principal or by a counselor or teacher whom the principal appoints and who knows the student well. Both parts I and II of this application form must be mailed to Curriculum Services, Coordinator of U.S. Senate Youth Program, Missouri Department of Elementary and Secondary Education, postmarked no later than **Friday, September 23, 2011. Late applications will not be considered. TRANSCRIPTS MUST BE INCLUDED WITH THIS APPLICATION.**

NAME OF APPLICANT			
-------------------	--	--	--

ADDRESS (HIS/HER)	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

E-MAIL ADDRESS
----------------

DATE OF BIRTH	GRADE <input type="checkbox"/> 11TH <input type="checkbox"/> 12TH	TELEPHONE NUMBER
---------------	--	------------------

PARENTS OR GUARDIANS
----------------------

CHECK ANY OF THE FOLLOWING **ELECTIVE** OFFICE (S) WHICH THE STUDENT **CURRENTLY** HOLDS

STUDENT BODY OFFICES:

PRESIDENT     VICE PRESIDENT     SECRETARY     TREASURER     STUDENT COUNCIL REPRESENTATIVE

CLASS OFFICES:

PRESIDENT     VICE PRESIDENT     SECRETARY     TREASURER

OTHER:

STUDENT REPRESENTATIVE TO DISTRICT, REGIONAL, OR STATE-LEVEL CIVIC OR EDUCATIONAL ORGANIZATION

NAME OF SCHOOL	SCHOOL PHONE
	SCHOOL FAX NUMBER

SCHOOL ADMINISTRATOR
----------------------

SCHOOL ADDRESS	CITY	STATE	ZIP CODE
----------------	------	-------	----------

SCHOOL E-MAIL ADDRESS
-----------------------

STUDENTS CLASS RANK:	<input type="checkbox"/> UPPER 10 %	<input type="checkbox"/> UPPER 20 %	<input type="checkbox"/> UPPER 30 %
----------------------	-------------------------------------	-------------------------------------	-------------------------------------

**SCHOOL ADMINISTRATOR**

**NOTE ► ATTACH THE STUDENTS TRANSCRIPT TO THIS SHEET**

Using your knowledge of this applicant and of the requirements and goals for this program, provide us with a profile of the applicant, specifically emphasizing those qualities which he or she possesses (or lacks) which relate to suitability and qualification for participation in the program. Please include in your profile the applicant's weak points as well as strong points; characteristics and attributes particularly suited to the nature and purpose of this program; and the applicant's interest, experiences, and activities which specifically qualify this applicant to represent Missouri in Washington, D.C.

Use the space below and additional paper, if necessary, to provide your profile of the student.

NAME/POSITION OF PERSON PREPARING THIS SHEET

NAME OF PRINCIPAL

SIGNATURE

DATE

SIGNATURE

DATE