



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF COLLEGE AND CAREER READINESS -- CURRICULUM

2022 UNITED STATES SENATE YOUTH PROGRAM STUDENT NOMINATION FORM

**DIRECTIONS AND SUBMISSION INFORMATION**

Nomination forms and supporting documentation **must be sent electronically** from an official school email address.

Nomination forms must include the following:

- Signatures from principal and administrator
- Student essays (Parts E and F)
- High school transcript
- Letter of endorsement

Please scan all parts of the application as **one** document and email completed application to [DESE.SSCurriculum@dese.mo.gov](mailto:DESE.SSCurriculum@dese.mo.gov).

**Deadline: Monday, September 27, 2021.** We will not accept late or incomplete submissions.

**QUESTIONS?** Contact Social Studies Director at 573-751-0398 or [DESE.SSCurriculum@dese.mo.gov](mailto:DESE.SSCurriculum@dese.mo.gov).

**PART I – PERSONAL INFORMATION TO BE COMPLETED BY STUDENT**

STUDENT LAST NAME		STUDENT FIRST NAME		STUDENT MIDDLE NAME	
STUDENT EMAIL		GRADE LEVEL <input type="checkbox"/> 11 <input type="checkbox"/> 12	DATE OF BIRTH		STUDENT PHONE NUMBER
STUDENT ADDRESS			CITY		STATE      ZIP
NAMES OF PARENTS/GUARDIANS			PARENT EMAIL		PARENT PHONE NUMBER
PARENTS/GUARDIANS ADDRESS			CITY		STATE      ZIP
THE NATIONAL ORGANIZATION REQUIRES THAT APPLICANTS MEET THE FOLLOWING RESIDENCY REQUIREMENT: RESIDENCY - EACH STUDENT MUST BE A LEGAL PERMANENT RESIDENT OR CITIZEN OF THE UNITED STATES AT TIME OF APPLICATION. STUDENTS WHO ARE NOT U.S. CITIZENS MUST BE IN POSSESSION OF THEIR I-551 / "GREEN CARD" AT THE TIME OF APPLICATION TO BE ELIGIBLE TO APPLY. DO YOU MEET THIS REQUIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CHECK ANY OF THE FOLLOWING <b>ELECTIVE OFFICE(S)</b> CURRENTLY HELD:					
<b>STUDENT BODY OFFICES</b> <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> STUDENT COUNCIL REPRESENTATIVE					
<b>CLASS OFFICES</b> <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER					
OTHER _____ STUDENT REPRESENTATIVE TO DISTRICT, REGIONAL OR STATE-LEVEL CIVIC OR EDUCATIONAL ORGANIZATION (MUST BE AN ELECTED OFFICE FROM WHICH YOU REPRESENT A CONSTITUENCY THROUGHOUT THE YEAR.)					
NAME OF SCHOOL				COUNTY-DISTRICT CODE	
SCHOOL ADDRESS			CITY		STATE      ZIP
SCHOOL PHONE NUMBER	SCHOOL FAX NUMBER		SCHOOL EMAIL ADDRESS		
NAME OF PRINCIPAL					
PRINCIPAL EMAIL			PRINCIPAL PHONE NUMBER		
NAME OF SCHOOL DISTRICT					
DISTRICT OFFICE EMAIL			DISTRICT OFFICE PHONE NUMBER		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

**PART A: SIGNIFICANT SCHOOL ACTIVITIES**

List school activities (student government, athletics, clubs, etc.) in which you have participated and that you consider significant.

Name of school activity and grade(s) in which you participated.

Titles of elective office(s) held in the activity and grade in which the office(s) were held.

**Example:** Student Council (9, 10, 11, 12)

**Example:** Vice President (11), President (12)

**PART B: SIGNIFICANT COMMUNITY ACTIVITIES**

List community activities (Scouts, 4-H, youth groups, church work, volunteer charitable service, etc.) in which you have participated and that you consider significant.

Name of community activity and grade(s) in which you participated.

Titles of elective office(s) held in the activity and grade in which the office(s) were held.

**PART C: SIGNIFICANT EMPLOYMENT EXPERIENCES AND/OR SUMMER ACTIVITIES**

List part-time employment or summer activities you consider significant and the dates you participated.

**PART D: IMPORTANT LEISURE-TIME ACTIVITIES, INTERESTS AND HOBBIES**

List activities and interests you consider to be significant and estimate the time you spend in each.

**PART E: FUTURE ASPIRATIONS (500 word maximum)**

Please label, type and attach your answers to this nomination form before scanning and submitting the completed nomination form.

**Essay 1:**

Describe plans you have for your future. Consider school, career and profession in your response.

**PART F: SHORT ESSAYS (2,500 word maximum)**

Please label, type and attach your answers to this nomination form before scanning and submitting the completed nomination form.

**Essay 2: (Three separate paragraphs)**

- A. Describe yourself as a scholar, informing the reader about courses and education you have valued most and why.
- B. Describe yourself as an achiever, including goals you have set for yourself and your achievements in building towards those goals.
- C. Describe yourself as a leader, including why you believe your classmates had sufficient confidence in you to elect you to the office(s) you hold.

**Essay 3:** Explain why you want the experience of being a Senate Youth Delegate.

**Essay 4:** Justify why you believe you should be selected as a Senate Youth Delegate from Missouri.

**PART II – SCHOOL ADMINISTRATOR**

To be completed by the student's principal, counselor or teacher whom the principal appoints.

LAST NAME OF APPLICANT		FIRST NAME OF APPLICANT	MIDDLE NAME OF APPLICANT
DATE OF BIRTH	GRADE LEVEL <input type="checkbox"/> 11 <input type="checkbox"/> 12	STUDENT'S CLASS RANK <input type="checkbox"/> UPPER 10% <input type="checkbox"/> UPPER 20% <input type="checkbox"/> UPPER 30%	
NAME OF SCHOOL ADMINISTRATOR (INDIVIDUAL COMPLETING THIS FORM AND VERIFYING INFORMATION)		POSITION/TITLE	
ADMINISTRATOR EMAIL		ADMINISTRATOR PHONE	
SIGNATURE OF SCHOOL ADMINISTRATOR (PERSON PREPARING THIS FORM)		DATE	
HAVE YOU READ THE APPLICANT'S INFORMATION AND IS IT TRUTHFUL, TO THE BEST OF YOUR KNOWLEDGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS STUDENT'S TRANSCRIPT ATTACHED TO THIS FORM FOR SUBMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF PRINCIPAL		PRINCIPAL PHONE	
SIGNATURE OF PRINCIPAL		DATE	

**Administrator/Principal Letter of Endorsement**

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 that relate to suitability and qualification for participation.

Please include in your profile the applicant's 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 this program