

*57th Annual U.S. Senate Youth Program*

Requirements and Instructions

Any high school junior or senior is eligible for the program, provided he or she has not previously been a delegate to the program. The student must be ***currently serving, for the entire 2018-2019 academic year*** in an elected or appointed capacity in any of the following student government, civic, or educational organizations:

1. Student Body president, vice-president, secretary, or treasurer
2. Class president, vice-president, secretary, or treasurer
3. Student Council representative
4. Student representative elected or appointed (appointed by a panel, commission or board) to a district, regional or state-level civic and/or educational organization approved by the state selection administrator

To be eligible for consideration for this program, please complete the following:

1. Complete the attached application.
2. Complete the USSYP National Qualifying Exam registration form (attached).
3. Attach an official copy of the high school transcript. This must include a listing of the current courses in which the student is enrolled.

Please submit your application, exam registration form, and transcript via postal mail or email to:

Latawnia Mainor

Mississippi Department of Education

Office of Teaching and Leading, Ste. 101

P.O. Box 771

Jackson, MS 39205

Email: [LMainor@mdek12.org](mailto:LMainor@mdek12.org)

**All documents must be received or postmarked no later than Friday, October 12, 2018 by 5:00 p.m.**  No faxed or late entries will be accepted. A confirmation email will be sent to all applicants.

**Mississippi Department of Education**

**United States Senate Youth Program**

**2018-2019 Student Application**

**SECTION 1: GENERAL INFORMATION**

*SCHOOL INFORMATION*

*School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Principal’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congressional District in which school is located \_\_\_\_\_\_\_\_\_*

*STUDENT INFORMATION*

*Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_*

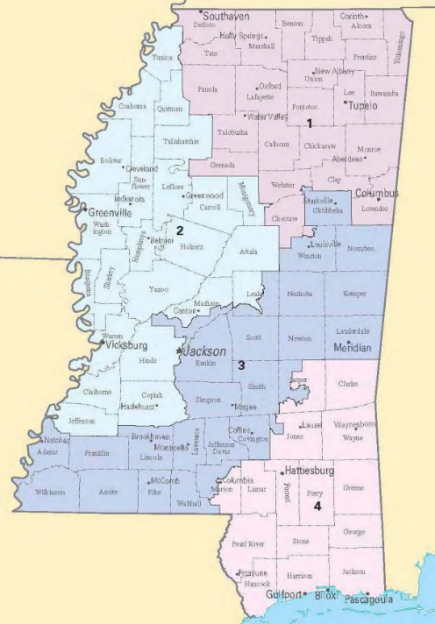
*Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_*

*Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parents’ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents’ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**MISSISSIPPI CONGRESSIONAL DISTRICT MAP**

**SECTION 2: LEADERSHIP IN SCHOOL ACTIVITIES AND COMMUNITY SERVICE**

*Please list all school and community activities in which you are/were involved each year* **starting with the 2018-2019 school year***.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***CLUB/ORGANIZATION*** | ***POSITION*** | ***YEAR(S)*** | ***RESPONSIBILITIES*** |
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|  |  |  |  |

*Essay Question 2: In 100 words or less, describe your vision of leadership and government. What have you learned from your leadership experience(s)? Please use the space provided.*

*Essay Question 1: In 100 words or less, describe your higher education goals. How will this scholarship help you achieve those goals? Please use the space provided.*

**SECTION 3: VERIFICATION AND SIGNATURE**

*This is to verify that I nominate the student named above; and to the best of my knowledge, the information provided on this form is true.*

*Nominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name Position*

*Principal’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**TEST SCORES**

***To be completed by the counselor only.***

*GPA \_\_\_\_\_\_\_\_\_\_\_\_\_ Composite ACT Score \_\_\_\_\_\_\_\_\_\_\_\_ SAT score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Counselor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**United States Senate Youth Program**

**National Qualifying Exam**

**Registration Form**

The United States Senate Youth Program National Qualifying Examination will be administered on **Saturday, October 20, 2018 from 8:30 a.m. until 12 noon**. Registration begins at 8:00 a.m. Due to the program’s national deadline, this is the **ONLY** examination date.

As a nominee, you must register to take the exam at **one** of the sites listed below. Please select the testing site of your choice and return this form with your application by mail or email to:

Latawnia Mainor

Mississippi Department of Education

Office of Teaching and Leading, Ste. 101

P.O. Box 771

Jackson, MS 39205

Email: [LMainor@mdek12.org](mailto:LMainor@mdek12.org)

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Place a check mark (√) or X in the box for the testing location of your choice.**

|  |  |  |
| --- | --- | --- |
| **Northern Region** | **Central Region** | **Southern Region** |
| Lewisburg High School | MS School For the Blind | Biloxi High School |
| 1755 Craft Road | 1253 Eastover Drive | 1845 Richard Drive |
| Main Building | Cafeteria | Main Building |
| Olive Branch, MS 38654 | Jackson, MS 39211 | Biloxi, MS 39532 |

***Please note that a PHOTO ID IS REQUIRED on the day of the exam.*** Signs will be visible at each location designating where the exam will be held.

**Note:** All documents must be received or postmarked no later than **Friday, October 12, 2018 by 5:00 p.m.**

***Disclaimer: Students may be asked to confirm their proof of U.S. citizenship or legal permanent resident status.***