

# 64<sup>th</sup> United States Senate Youth Program 2025 – 2026 Mississippi Application Guidelines



## Requirements and Instructions

Qualified high school juniors or seniors must show demonstrated leadership by serving in elected or appointed positions in which they are actively representing a constituency in organizations related to student government, education, public affairs, and community service. Students are eligible for the program provided he or she has not previously been a delegate to Washington Week and has not received a US Senate Youth scholarship. Selected students must be able to attend Washington Week program from March 7 – 14, 2026 in Washington, D.C. to receive the financial scholarship (\$10,000). **Each student must be a legal permanent resident or citizen of the United States to apply for the US Senate Youth Program at the time of application.**

Students must be enrolled for the entire academic year in a public or independent high school located in the state in which at least one of their parents or guardians currently resides. **The student must hold a high-level leadership position in any one of the following student government, civic or educational organizations during the entire 2025 – 2026 academic year:**

- Student Body president, vice president, secretary, or treasurer
- Class president, vice president, secretary, or treasurer
- Student Council representative
- A National Honor Society Officer (including discipline-based Honor Societies such as the National English and Social Studies Honor Societies that include service components)
- Student representative elected or appointed (appointed by a panel, commission, or board) to a local, district, regional or state-level civic, service and/or educational organization approved by the state selection administrator.
- JROTC Commander Officer

**The positions listed below DO NOT qualify the student for the program:**

- Attendance or officer position at Boys/Girls Nation or State summer conference
- General Member of a National Honor Society (serving as an elected officer is acceptable)
- Member or leader of the Boy Scouts, Girl Scouts or a sports team
- A founder or chairperson of a self-created group
- A participant, captain or officer in Mock Trial, Debate Team, Model UN or other academic club, mock legislature, conference, or competition where the primary engagement is for individual educational benefit.

For additional requirements or information, please review the United States Senate Youth Program (USSYP) brochure at: <https://ussenateyouth.org/>

### **Semi-Finalist**

#### **Selection for semi-finalists is based on the following application criteria:**

- Demonstrated leadership qualities through public service in elected or appointed positions in student government, civic, or educational organizations
- Involvement in school and community activities
- High academic achievement
- The quality of a complete application, including the ability to write with clarity and express ideas in an organized manner.

### **Testing**

**Students who meet the semi-finalist requirements will be notified by the Mississippi Department of Education to take the US Senate Youth Program (USSYP) National Exam on Saturday, October 25, 2025, from 8:00 a.m. to 12 p.m. Registration information and test site locations will be emailed to qualified participants only.**

### **Finalist**

#### **Selection as a finalist is based on the following:**

- Meet the above criteria as a semi-finalist
- Score in the top percentage on the USSYP National Qualifying Exam and
- Interview with the USSYP Selection Committee. Upon completion of interviews, two delegates and two alternates will be selected.

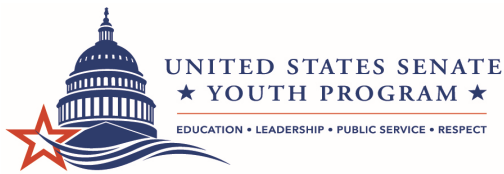
#### **Submit the following required documents:**

- Completed USSYP application with required signatures
- Attach an official high school transcript with the application. The transcript must include the students' current classes in which the student is enrolled, ACT score (if available), class rank (if available), and cumulative GPA.

If you have any questions about eligibility, please email Sandra Hilliard at: [shilliard@mdek12.org](mailto:shilliard@mdek12.org)

**All documents must be received or postmarked by Tuesday, September 30, 2025. No late entries will be accepted. Mail or email documents to:**

**Sandra Hilliard or [specialprograms@mdek12.org](mailto:specialprograms@mdek12.org)  
Mississippi Department of Education  
Office of Teaching and Leading, Suite 101  
United States Senate Youth Program (USSYP)  
P.O. Box 771  
Jackson, MS 39205**



**2025 – 2026 United States Senate Youth Program  
Mississippi Department of Education  
Student Application Form**

**Section I: Student Application Form** *(please type)*

| Student Information                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                                    |                                                                                                                                                                |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Student Name:</b><br><i>(First Middle Last)</i>                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                    | <b>Date of Birth:</b><br><i>(Month/Day/Year)</i>                                                                                                               |                   |
| <b>Home Address:</b><br><i>(Street City State Zip)</i>                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                    |                                                                                                                                                                |                   |
| <b>Student Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                    | <b>Student E-mail:</b>                                                                                                                                         |                   |
| <b>Age:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Grade:</b> | <b>Expected Graduation:</b><br><i>(Month/Year)</i> |                                                                                                                                                                |                   |
| <p><b>Please Note: Applicants must be U.S. citizens or have permanent residency <u>at the time of application</u>.</b></p> <p><input type="checkbox"/> Yes, I am currently a United States citizen</p> <p><input type="checkbox"/> No, I'm not a U.S. Citizen, but am a permanent resident in possession of a Green Card at the time of this application. Having applied for a Green Card, but not in possession, you are not eligible.</p> |               |                                                    |                                                                                                                                                                |                   |
| School and District Information                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                    |                                                                                                                                                                |                   |
| <b>Name of High School:</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                                    | <b>Name of School District:</b>                                                                                                                                |                   |
| <b>School Address:</b><br><i>(Street City State Zip)</i>                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                    | <b>Congressional District:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><i>(See Map)</i> |                   |
| <b>School Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                    | <b>School Type:</b> <input type="checkbox"/> Public School <input type="checkbox"/> Private School                                                             |                   |
| <b>Principal 's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                                    | <b>Principal's Email:</b>                                                                                                                                      |                   |
| <b>Cumulative GPA:</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |               | <b>Composite ACT Score:</b>                        |                                                                                                                                                                | <b>SAT Score:</b> |
| <b>Counselor Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                    | <b>Counselor Email:</b>                                                                                                                                        |                   |
| Parent/Guardian Information                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                                    |                                                                                                                                                                |                   |
| <b>Parent/Guardian 1 Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                    | <b>Address:</b><br><i>(Street City State Zip)</i>                                                                                                              |                   |
| <b>Parent/Guardian 1 Cell:</b>                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                    | <b>Parent/Guardian 1 Email:</b>                                                                                                                                |                   |
| <b>Parent/Guardian 2 Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                    | <b>Address:</b><br><i>(Street City State Zip)</i>                                                                                                              |                   |
| <b>Parent/Guardian 2 Cell:</b>                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                    | <b>Parent/Guardian 2 Email:</b>                                                                                                                                |                   |

## Section II: Qualifying Elected/Appointed Student Position

**Mark the elected/appointed office you now hold for the entire 2025-26 school year in one of the following student government, civic or educational organizations:**

- |                                                         |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Student Body President         | <input type="checkbox"/> Class President                     |
| <input type="checkbox"/> Student Body Vice President    | <input type="checkbox"/> Class Vice-President                |
| <input type="checkbox"/> Student Body Secretary         | <input type="checkbox"/> Class Secretary                     |
| <input type="checkbox"/> Student Body Treasurer         | <input type="checkbox"/> Class Treasurer                     |
| <input type="checkbox"/> Student Council Representative | <input type="checkbox"/> Officer in a National Honor Society |
| <input type="checkbox"/> JROTC Officer/Commander        |                                                              |

☐ Student representative elected or appointed (appointed by a panel, commission or board) to a local, district, regional or state-level civic, service and/or educational organization whose primary purpose is public/community service and constituent representation. Such positions will be subject to approval by the state selection administrator.

**What is your qualifying position if not student body or honor society officer:** \_\_\_\_\_

**What do you do to serve your community and support your constituency year-round in this position:**

## Section III: Student Essays

Essay must be typed, single-spaced, and 12- font size. Points will not only be awarded for how well applicants address the question, but also for grammar, spelling, and punctuation. Provide essay answers under the question space or submit it on a separate word document.

**Essay Question 1:** In 400 words or less, submit a personal essay describing each of the following elements as they pertain to you:

- Current elected student position held and all past involvement in student government/leadership;
- Activities and achievements that demonstrate leadership in school and community that specifically support your desire to serve as the USSYP State delegate;
- Involvement in community service initiatives or programs outside of school;
- How your participation in USSYP will enhance your understanding and interest in the political and governmental process of the United States.
- General plans for college and career.

## Essay Question 1 answer

**Essay Question 2:** In 400 words or less, as a student leader in Mississippi, what do you see as the greatest areas for improvement in the education system and what ideas would you propose to create better dialogue and understanding among various student groups?

**Essay Question 2 answer**

## Section IV: Verification and Signatures

### Parent/Guardian and Student Signatures

I certify that I have read the United States Senate Youth Program qualifications, program rules, and scholarship rules; that all the information in this application is correct; I have not used artificial intelligence (AI) in the creation of any written components of this submission or received unauthorized assistance not otherwise permitted as an approved reasonable accommodation for a disability. I understand that failure to comply may result in the cancellation of my application. I understand complete attendance at Washington Week is required to receive the scholarship.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Principal and Counselor Signatures

We verify this student holds the leadership position noted and is endorsed to represent our school and state if chosen and to the best of our knowledge, the information provided on this application form is true.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONGRESSIONAL DISTRICT MAP

