**61st ANNUAL UNITED STATES SENATE YOUTH PROGRAM**

**2022-2023 Colorado Student Application**

# SECTION II: SCHOOL, PARENT/GUARDIAN, AND STUDENT SIGNATURES

Upload your SCHOOL, PARENT/GUARDIAN, AND STUDENT SIGNATURES form in Word or PDF in your online application.

Additional copies of this form may be used to obtain the information/signatures. Please make sure to name your file in this format: LastName\_Signatures.

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| --- | --- | --- | --- | --- | --- | --- |
| TO BE COMPLETED BY STUDENT’S SCHOOL GUIDANCE DEPARTMENT | | | | | | |
| **High School Grade Point Average:** | **Last Semester:** [Spring 2022] | |  | | **Unweighted GPAs:**  [if applicable] |  |
| **Cumulative GPA:** [HS Career] | |  | |  |
| **Number of Students in Student’s Graduation Class:** | | |  | **Class Rank:** [if applicable] | |  |
| **SCHOOL’S GUIDANCE DEPARTMENT SIGNATURE** | | | | | | |
| *I certify that all student academic and USSYP-qualifying leadership position information listed in this application is correct*. | | | | | | |
| **Name of Guidance Official:** | |  | | | | |
| **Signature of Guidance Official:** | |  | | | | |

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| --- | --- |
| PARENT/GUARDIAN SIGNATURE | |
| *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; I am the parent or legal guardian of the student completing this application; and I am a Colorado resident.* | |
| **Parent/Guardian Signature:** |  |

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| STUDENT SIGNATURE | |
| *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 Washington Week program is required to receive the scholarship.* | |
| **Student Signature:** |  |