**62nd ANNUAL UNITED STATES SENATE YOUTH PROGRAM**

**2023-2024 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 and SCHOOL PRINCIPAL** |
| **High School Grade Point Average:** | **Last Semester:** [Spring 2023] |  | **Unweighted GPAs:**[if applicable] |  |
| **Cumulative GPA:** [HS Career] |  |  |
| **Number of Students in Student’s Graduation Class:** |  | **Class Rank:** [if applicable] |  |
| **What is your rank in scholastic standing of your class?** | [ ]  **Upper 1%** [ ]  **Upper 5 %** [ ]  **Upper 10 %** [ ]  **Upper 15%** [ ]  **Upper 25 %** |
| **What is your ELECTED /APPOINTED office for the 2023-2024 School Year?** |  |
| **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:** |  |
| **SCHOOL PRINCIPAL SIGNATURE** |
| *In addition to my letter of recommendation, I verify this student is holding the leadership position noted above and is endorsed to represent our school and state if chosen:* |
| **Name of School Principal:**  |  |
| **Signature of School Principal:** |  | Date (MM/DD/YY) |  |

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| **PARENT/GUARDIAN SIGNATURE** |
| *Parents or guardians must sign below to approve for you to go to Washington, D.C. for a week to attend the United States Senate Youth Program under the conditions set forth in the rules and regulations of the program brochure:* [*https://ussenateyouth.org/wp-content/uploads/2023/04/USSYP-2024-Official-Brochure.pdf*](https://ussenateyouth.org/wp-content/uploads/2023/04/USSYP-2024-Official-Brochure.pdf) |
| **1st Parent/Guardian Signature:** |  | Date (MM/DD/YY) |  |
| **2nd Parent/Guardian Signature:**[if applicable] |  | Date (MM/DD/YY) |  |

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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:** |  |