

2021-2022 United States Senate Youth Program Georgia Application

Please note that the Georgia USSYP application is now open to all high school juniors and seniors. Nominations are no longer limited to one student per school district. Georgia will now accept applications from all students who choose to apply, provided they secure signatures from their principal and counselor. School counselors/USSYP coordinators who receive requests for the application from students should direct them to the application at gadoe.org/USSYP.

School Information

School District:

*(if applicable – not applicable for private/
independent schools)*

School:

Congressional District:

(find your Congressional District here)

Applicant Information

Student's First Name:

Student's Middle Name:

Student's Last Name:

Preferred Name:

Gender:

Phone

Email Address:

Home Street Address:

City:

State:

ZIP Code:

Birth Date:

Grade:

Permanent Resident of U.S.? (Yes/No):

Form continues on the next page.

U.S. Citizen or Legal Resident:

If senior, will student graduate in spring 2022? (Yes/No):

Parent/Guardian Information

Parent/Legal Guardian 1 – Full Name:

Home Phone:

Home Street Address:

*(Check SAME if same address
as student)*

SAME

City:

State:

ZIP Code:

Phone:

Email:

Parent/Legal Guardian 2 – Full Name:

Home Phone:

Home Street Address:

*(Check SAME if same address
as student)*

SAME

City:

State:

ZIP Code

Phone:

Email:

Offices Held

Check the ELECTED (by the student body) office you currently hold in one of the following student government, civic, or educational organizations. Only the offices listed below will be considered.

Student Body President

Student Body Vice President

Student Body Secretary

Student Body Treasurer

Student Council Representative

Class President

Class Vice President

Class Secretary

Class Treasurer

Student representative elected or 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. School-level clubs do not qualify. Please describe:

Why did you run for office or, why were you elected to this office? (minimum 20/max 100 words)

Describe your personal attributes that qualify you to serve as representative from Georgia at the United States Senate Youth Program (minimum 50/max 250 words).

What is your rank in scholastic standing of your class? (note that the principal's signature of this application certifies the percentage selected)

- Upper 1%
- Upper 5%
- Upper 10%
- Upper 15%
- Upper 25%

Community Involvement

Describe your participation in the civic process in your community and extracurricular activities, including Social Studies Fairs (minimum 50/max 250 words).

Describe your interest in government, governance, and the political process (minimum 50/max 250 words).

Have you participated in a summer academic honors program? When? What subject area? (Examples include Governor's Honors Program, Duke TIP, etc.)

Yes/No:

When?:

Subject Area?:

State your short-term and long-range plans for college and/or career (minimum 50/max 250 words).

Write a short paragraph on why you qualify and have the background to be selected for the Senate Youth program (minimum 100/max 300 words).

Qualifications:

- Must have served in an elected or appointed position representing a constituency during current (2020-2021) school year.
- Will be attending high school in Georgia through spring 2022.
- The week of March 5-12, 2022, selected students will be required to completely block the timeframe of the program and attend all events in order to serve as delegates and receive the scholarship.
- Must have proof of U.S. citizenship or legal permanent residence to participate in the U.S. Senate Youth Program.
- Student does not currently know that they have a scheduling conflict and understands that complete attendance at the Washington Week program is required to receive the scholarship.

Parent/Guardian Signature (Required): _____

School Counselor Name & Signature (Required): _____

Principal Name & Signature (Required): _____

*Applications should be sent via email to Meghan Frick, mfrick@doe.k12.ga.us.
Please retain a copy of this application for your records.*