



# UNITED STATES SENATE YOUTH PROGRAM APPLICATION

DEPARTMENT OF PUBLIC INSTRUCTION

ASSESSMENT UNIT

SFN 53468 Rev (8-2016)

**Please type or print clearly**

## Part I

|  |  |   |                     |
|--|--|---|---------------------|
| Student's Name (Last, Middle Initial, First) |  | Gender<br>Male <input type="checkbox"/> Female <input type="checkbox"/> | E-Mail Address      |
| Home Street Address                          |  | City, State   | Zip                 |
| Home Phone Number                            |  |   |                     |
| Name of High School                          | Grade in School<br>Junior <input type="checkbox"/> Senior <input type="checkbox"/> | Student Cell Phone Number   | School Phone Number |
| School Street Address                        |  | City, State   | Zip                 |
| School Fax Number                            |  |   |                     |
| Parents'/Guardians'/ Names                   |  |   | Work Phone Numbers  |

Are you a United States citizen or national? If no, provide evidence from the U.S. Immigration and Naturalization service indicating that you are a permanent resident or intend to become a citizen or permanent resident.

Yes  No

Are you a resident of North Dakota? If no, you must apply for this scholarship in your state of residence. Exception: Applicants of military parents may apply EITHER in North Dakota OR in their state of permanent residence, not in both.

Yes  No

|  |  |
|--|--|
| Applicant's Current Class Rank                   | Number in Graduating Class                   |
| Applicant's Grade Point Average (on a 4.0 Scale) | College/Vocational School Planning to Attend |

## Standardized Test Scores

## College Board (SAT)

|                     |        |      |       |
|---------------------|--------|------|-------|
| ACT Composite Score | Verbal | Math | Total |
|---------------------|--------|------|-------|

|  |  |                |
|--|--|----------------|
| Signature of Principal ( <b>Required</b> ) | Date   | E-Mail Address |
| Type or Print Name of Principal            | Name and Title of person who will administer qualifying exam (This is the person who the qualifying exam will be mailed back to) |                |

## PART II. To be completed by the applicant.

Applicant is **currently** serving in an elected capacity in any one of the following student government, civic, or educational organizations. Please check those that apply:

|   |   |
|---|---|
| a. Student body:<br><input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer  |   |
| b. Class officer:<br><input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer |   |
| c. Student council representative:<br><input type="checkbox"/>  | d. Student representative to district, regional, or state-level civic or educational organization meeting:<br><input type="checkbox"/> (complete the following section) |
| Name of organization  |   |
| Place of Meeting  | Date of Meeting   |

List the leadership, academic, and vocational awards/recognitions you have received in the last two years (local, regional, state and national).

List the co-curricular activities in which you have participated in the last two years (student government, music, communications/speech, FFA, sports, etc.).

List your activities in community and public service in the last two years (include volunteer work).

Future Plans