



# California Student Application Part A 2024 United States Senate Youth Program

Please type or clearly print all information below.

## Student Information:

Student Full Name (First, Middle, and Last):

School Name:

Home Phone:

Cell Phone:

Street Address:

City:

Zip Code:

Email address:

Male:

Female:

Year of High School Graduation:

GPA:

Qualifying Position:

Qualifying Organization:

Qualifying Organization Website:

Type of Organization (select all that apply):

School:

Civic:

Government:

Community Non-Profit:

Other:

If Other, please describe:

## Authorization:

*Each of the undersigned has carefully read the United States Senate Youth Program (USSYP) brochure at <http://ussenateyouth.org/wp-content/uploads/2023/04/USSYP-2024-Official-Brochure.pdf>, including the qualifications and rules, and with full understanding of the terms, consents to the participation of the undersigned student in accordance with the standards, rules, and regulations established by the William Randolph Hearst Foundation for the 62nd annual USSYP. Consent is also given to the CDE to obtain and publish the winners' photos on social media and other publications.*

I have read and agree to the above. Principal's Name:

Principal's Signature (digital or handwritten):

Date:

I have read and agree to the above. Student's Name:

Student's Signature (digital or handwritten):

Date:

## California Student Application Part A

### Residency:

Each student must be a United States citizen or a legal permanent resident at the time of application.

Are you a United States citizen?            YES:            NO:

Are you a legal permanent resident?    YES:            NO:

### Recommendation #1:

First and Last Name:

Title:

Name of School/Organization:

Type of Organization (select all that apply):

School:      Civic:      Government:      Community Non-Profit:      Other:

If Other, please describe:

Recommender Email:

Recommender Phone Number:

### Recommendation #2:

First and Last Name:

Title:

Name of School/Organization:

Type of Organization (select all that apply):

School:      Civic:      Government:      Community Non-Profit:      Other:

If Other, please describe:

Recommender Email:

Recommender Phone Number: