



2027 United States Senate Youth Program California Student Application Part A

Please type or clearly print all information below.

Student and School Information:

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

Email address:

Home Phone:

Cell Phone:

Home Address:

City:

Zip Code:

Year of High School Graduation:

Gender: Male:

Female:

Other:

School Name:

School City:

School District:

School County:

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:

How Did You Hear About the Program?

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:

Authorization:

Each of the undersigned has carefully read the United States Senate Youth Program (USSYP) brochure at <https://ussenateyouth.org/wp-content/uploads/2026/05/2027-USSYP-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 65th annual USSYP. Consent is also given to the CDE to obtain and publish the winners' photos on social media and other publications.

Required Certifications:

PRINCIPAL

As the principal, I certify that this student will hold the leadership position noted above for the entire 2027 school year and nominate the student to represent their school and state if selected. By signing below, I also agree to the authorization statement above.

Principal's Name:

Principal's Signature (digital or handwritten):

Date:

STUDENT

As the student, I certify that all work not cited to its original author/creator submitted as part of the 2027 USSYP application is entirely my own original effort free from plagiarism. I have not used generative artificial intelligence (AI) in the creation of any written, visual, or creative components of this submission, nor have I received unauthorized assistance beyond approved reasonable accommodations for a disability. I understand that failure to comply may result in the cancellation of my application. By signing below, I also agree to the authorization statement above.

Student's Name:

Student's Signature (digital or handwritten):

Date:

PARENT or GUARDIAN

As the parent or guardian of the student named above, I, certify that I approve my child's travel to Washington, D.C., to attend the 2027 USSYP if selected. By signing below, I also agree to the authorization statement above.

Parent/Guardian's Name:

Parent/Guardian's Signature (digital or handwritten):

Date: