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 **NEW YORK STATE**

**2025 UNITED STATE SENATE YOUTH PROGRAM APPLICATION FORM**

**ALL APPLICATIONS MUST BE POSTMARKED ON OR BEFORE**

**FRIDAY, OCTOBER 25, 2024, 5:00 PM**

# Please complete all sections of the form below, and submit the application form, with other required application materials to:

**New York State Education Department
Office of Standards and Instruction**
**Room 860, Education Building Annex (EBA)
89 Washington Avenue
Albany, New York 12234**

**Attention: U.S. Youth Senate Program**

# SECTION I: STUDENT AND PARENT/GUARDIAN INFORMATION

|  |  |
| --- | --- |
| **Student’s Full Name:****[First, Middle, Last]** | Click or tap here to enter text. |
| **Preferred Name:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. |
| **Mailing Address:** [Street, City, State, Zip Code] | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Current Year in High School:** | [ ]  Grade 11[ ]  Grade 12 |
| **Expected Graduation:**[Month/Year] |  |
| **Citizenship Status:**Note: Applicants must be U.S. citizens or have permanent residency at the time of application. | [ ]  YES, I am a U.S. citizen.[ ]  NO, I am not a U.S. citizen, but I am a permanent resident in possession of my official Green Card at the time of this application.[[1]](#footnote-2)  |

|  |  |
| --- | --- |
| **Full Name of 1st Parent/Guardian:** | Click or tap here to enter text. |
| **Sole guardian?** | [ ]  Yes[ ]  No |
| **1st Parent’s/Guardian’s Mailing Address:**[Street, City, State, Zip] | Click or tap here to enter text. |
| **1st Parent’s/Guardian’s Phone:** | Click or tap here to enter text. |
| **1st Parent’s/Guardian’s Email:** | Click or tap here to enter text. |
| **Full Name of 2nd Parent/Guardian:** | Click or tap here to enter text. |
| **2nd Parent’s/Guardian’s Mailing Address:**[Street, City, State, Zip] | Click or tap here to enter text. |
| **2nd Parent’s/Guardian’s Phone:** | Click or tap here to enter text. |
| **2nd Parent’s/Guardian’s Email:** | Click or tap here to enter text. |

**QUALIFYING LEADERSHIP POSITION**

**Mark the ELECTED/APPOINTED office(s) you will hold for the entire 2024-2025 school year in one of the following student government, civic, or educational organizations:**

[ ]  Student Body President [ ]  Class President

[ ]  Student Body Vice President [ ]  Class Vice President

[ ]  Student Body Secretary [ ]  Class Secretary

[ ]  Student Body Treasurer [ ]  Class Treasurer

[ ]  Student Council Representative [ ]  Officer in a National Honor Society chapter

[ ]  Student representative elected or appointed (appointed by a panel, commission, or board) to a local, district, regional or state-level civic, service and/or educational organization whose primary purpose is public/community service and constituent representation. Such positions will be subject to approval by the state selection administrator.

[ ]  Other, please specify: Click or tap here to enter text.

**Note: The following positions listed below DO NOT qualify the student for the program:**

* Attendance or officer position at Boys/Girls Nation or State summer conference
* General Member of a National Honor Society (serving as an elected officer is acceptable)
* Member or leader of the Boy Scouts, Girl Scouts, or a sports team
* A founder or chairperson of a self-created group
* A participant, captain or officer in Mock Trial, Debate Team, Model UN or other academic club, mock legislature, conference, or competition where the primary engagement is for individual educational benefit.

**What do you do to serve your community and support your constituency year-round in this position** [Limit 50 words]:

Click or tap here to enter text.

**Provide a brief paragraph listing your leadership positions and academic honors, including community service, other extracurricular pursuits, and general plans for college and career in order of importance.** [Limit 150 words]

Note: If selected as a delegate or alternate, this brief paragraph may be submitted with your participation information.

Click or tap here to enter text.

# SECTION II: SCHOOL INFORMATION

Note: Student must be attending high school in the state at least one parent/guardian resides for the entire school year.

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| --- | --- |
| **Name of School District:** | Click or tap here to enter text. |
| **Name of High School** | Click or tap here to enter text. |
| **School Address:**[Street, City, State, Zip Code | Click or tap here to enter text. |
| **School Phone** | Click or tap here to enter text. |
| **Principal’s Name** | Click or tap here to enter text. |
| **Principal’s Email** | Click or tap here to enter text. |

**SECTION III: PRINCIPAL, PARENT/GUARDIAN, AND STUDENT SIGNATURES**

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| **STUDENT SIGNATURE** |
| *I certify that I have carefully read the United States Senate Youth Program qualifications and program rules, all the information in this application is correct; 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’s Name:** Click or tap here to enter text. |
| **Student’s Signature:** **Date:** Click or tap to enter a date. |

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| **PARENT/GUARDIAN SIGNATURE** |
| *Parents or guardians must sign below to approve for the student to go to Washington, D.C. the week of March 1 – 8, 2025 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/2024/05/USSYP-Official-2025-Brochure.pdf)(https://ussenateyouth.org/wp-content/uploads/2024/05/USSYP-Official-2025-Brochure.pdf)*.*  |
| **Name of 1st Parent/Guardian:** Click or tap here to enter text. |
| **1st Parent/Guardian Signature:** **Date:** Click or tap to enter a date. |
| **Name of 2nd Parent/Guardian:** Click or tap here to enter text.**[if applicable]** |
| **2nd Parent/Guardian Signature:** **[if applicable**]**Date:** Click or tap to enter a date. |

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| **SCHOOL PRINCIPAL’S SIGNATURE** |
| *I verify the above student holds the leadership position noted in the application and is endorsed to represent our school and New York State if chosen.* |
| **Name of School Principal:** Click or tap here to enter text. |
| **School Principal Signature:** **Date:** Click or tap to enter a date. |

# SECTION IV: TRANSCRIPT

**Attach a copy of your high school transcript.** This document should include all completed courses, grades, relevant standardized test scores, class ranking, and both weighted and non-weighted GPA.

# SECTION IV: WRITTEN APPLICATION ESSAYS

# Please attach a Word document response to one of the following essay topics.

1. **A reflective essay highlighting how your leadership experience embodies the New York State Board of Regents and State Education Department’s key priorities.** The key priorities are:
* diversity, equity, and inclusion
* a service-oriented approach to supporting community
* a commitment to lifelong learning

**A persuasive essay researched and written on a topic of social significance related to a contemporary state, national, or world event.** Select a topic important to you, take a stand, relate its importance to you, and defend your position. The essay will be judged on organization, ideas and content, evidence of personalization, and writing conventions, ***including citation of sources***. Your work cited page for this essay is not included in the maximum words/page length.

**Required format:** Limit response to 500 words or less, no more than 3 pages, double spaced, and in Times New Roman 12 font. Points will not only be awarded for how well the applicant addresses the question, but also for grammar, spelling, and punctuation.

**SECTION V: LETTERS OF RECOMMENDATION**

Each student must submit two letters of support and recommendation: one from either the high school principal or a teacher, and one from another adult representative of an organization or activity where the student has a record of leadership and service to others and/or where the student currently holds a qualifying leadership position for the U.S Senate Youth Program.

Recommendations should address:

* How long and in what capacity the reference has known the student.
* What is unique about the student? / How does the student stand out from other students?
* The student’s qualities, such as:
	+ Leadership and public speaking ability,
	+ Demonstrated responsibility, maturity, and achievement,
	+ Participation in a wide selection of activities on and off campus,
	+ Interpersonal skills
* Verification that the student holds the qualifying leadership position noted in the application.

The two letters of recommendation should accompany the application. If unable to accompany the application, the recommendation letters may be sent directly to:

**New York State Education Department
Office of Standards and Instruction**Room 860, Education Building Annex (EBA)
89 Washington Avenue
Albany, New York 12234

Attention: U.S. Senate Youth Program

If the recommendation letters are sent separately, please make sure that the student’s first and last name are clearly identified on the letters. The letters must be postmarked on or before **October 25, 2024**.

**CHECKLIST OF APPLICATION MATERIALS**

❑ Completed USSYP 2025 application

❑ Signatures of the following:

* Principal
* Guidance Counselor
* Parent(s)/guardian(s)
* Student

❑ Official academic transcript with non-weighted GPA

❑ Required Essay *–* Note instructions on how to submit and the proper format.

❑ Two letters of recommendation from the following confirming the student’s leadership position, leadership qualities, and personal attributes

1. High school principal or teacher
2. Adult advisor to the organization or activity where the student currently holds a qualifying leadership position for the U.S Senate Youth Program.

Do not send extra materials. They will not be considered.

 **IMPORTANT REMINDERS**

* Submit all of the information in the application as a single Adobe Acrobat (PDF) file. If you do not know how to do this, ask for help from a local source.
* Make sure both reference forms are signed.
* Make sure any scanned pages are completely legible.
* All signatures must be original and in blue ink.
* Late or incomplete applications will not be considered.
* The letters of recommendation should accompany the application. If unable to accompany the application, please make sure that the student’s name is clearly identified on the letter(s) of recommendation.
* It is recommended that you have someone proofread your essays and application for omissions and errors.
* Materials received after 5:00 pm on October 25, 2024, will be automatically declined for submission for the 2025 program.
* **Special Notes:** If any of the above is missing from the final application packet, the application will be considered incomplete and will not be reviewed.

**SELECTION PROCESS**

1. Students who submit complete applications will be initially ranked based on a rubric created by the New York State Education Department. The selection panel will assess indicators of leadership ability; high scholastic achievement; ability to think logically and communicate clearly; and community and school involvement.
2. The top ten applicants will be identified and invited to an online interview with the selection committee. Performance during this interview will affect the applicant’s total score and potential selection as a U.S. Senate Youth Program candidate.
3. Candidates (both Delegates and Alternatives) will be identified and contacted by late November 2024.
1. Having applied for a Green Card, but not in possession, means you cannot apply for the U.S. Senate Youth Program [↑](#footnote-ref-2)