



United States Senate Youth Program (USSYP) Application Addendum: Required Signatures

APPLICANT

Applicant Name:

Leadership Position:

Please review the check list below:

- ☐ All information provided in my application is accurate to the best of my knowledge.
- ☐ I have completed and attached (to the online application) a personal essay describing:
 - The elected/appointed position I hold, all past involvement in student government/leadership;
 - Activities and achievements that demonstrate leadership in school and community that specifically support my desire to serve as a USSYP delegate;
 - Involvement in community service initiatives or programs outside of school;
 - How my participation in USSYP will enhance my understanding and interest in the political and governmental process of the United States;
 - How I believe that being chosen for USSYP will help me explore some of the more important questions I have about the challenges facing the country.
- ☐ My application includes a persuasive essay for the following prompt: *As a student leader in Idaho, what do you see as the greatest areas for improvement in the education system, and what ideas would you propose to create better dialogue and understanding among various student groups?*
- ☐ My work is free of plagiarism and any unoriginal thoughts/ideas in my writing are appropriately cited in the text **and** on a Works Cited/References page.
- ☐ My application includes the following letters of support and recommendation:
 - ☐ One from my high school principal or a teacher;
 - ☐ One from an adult representative of the organization or activity where I hold a record of leadership and service to others and/or where I am currently holding a qualifying leadership position for USSYP.
- ☐ I have reviewed the United States Senate Youth Program brochure.
https://ussenateyouth.org/selection_process_brochure/
- ☐ I agree to the conditions set forth in the rules and regulations in the program brochure.
- ☐ I am available to attend Washington Week March 7-14, 2026 and I understand that I will not receive the \$10,000 USSYP Scholarship if I'm unable to attend Washington Week.

Applicant Signature:

HIGH SCHOOL PRINCIPAL

Principal Name:

Principal Email:

Applicant's current class rank:

Number of students in graduating class:

- ☐ **I verify this student is holding the leadership position noted and is endorsed to represent our school and state if chosen.**

Principal Signature:

Date:

***ORGANIZATION/ACTIVITY REPRESENTATIVE** (*ONLY to be filled out for students serving in a qualifying position other than student body or National Honor Society officer*)

Adult Representative Name:

Representative Email:

- ☐ **I verify this student is holding the leadership position noted and is endorsed to represent our school and state if chosen.**

Representative Signature:

Date:

PARENT/GUARDIAN

☐ I/We have reviewed the United States Senate Youth Program brochure.

https://ussenateyouth.org/selection_process_brochure/

☐ I/We approve for our student to travel to Washington, D.C. for a week to attend the United States Senate Youth Program under the conditions set forth in the rules and regulations of the program brochure.

1st Parent/Guardian Name:

Sole Guardian?

1st Parent/Guardian Signature:

Date:

2nd Parent/Guardian Name:

2nd Parent/Guardian Signature:

Date: