The United States Senate Youth Program (USSYP) is a unique educational experience for outstanding high school students and an opportunity for motivated student leaders to have direct contact with the highest-level elected and appointed officials in the nation. The USSYP mission is to encourage the best and brightest students in America's high schools to pursue careers in public service.

**Student application materials submission deadline is October 14, 2022.**

**REMINDER:** Before you begin this application, make sure you have the following ready to upload and include:

- Florida Student Application Essay for USSYP (document)
- Florida Student Application Digital Presentation for USSYP (link)
- Florida Principal's Acknowledgement for USSYP (document)

**Residency Eligibility**

* 1. Each student must have at least one parent who is a legal resident of the state in which the student is submitting their application.

Is at least one of your parents or guardians a legal resident of Florida?

- [ ] Yes
- [ ] No

* 2. Each student must be a legal permanent resident or citizen of the United States at the time of application. Students who are not U.S. citizens must be in possession of their I-551 / “green card” at the time of application to be eligible to apply.

Which of the following applies to you?

- [ ] I am a legal permanent resident or citizen of the United States.
- [ ] I am NOT a legal permanent resident or citizen of the United States.
- [ ] I am not a U.S. citizen but I do possess a I-551 / “green card”.
* 3. For the 2022-2023 school year, please select where you are enrolled.

- Public School
- Charter School
- Private School
- Homeschool

* 4. Students must be enrolled for the entire academic year in a public or independent high school located in the state in which at least one of their parents or guardians is a current resident.

Will you be enrolled in a Florida public school, charter school, private school, or other independent high school the entire 2022-2023 academic year?

- Yes
- No

**Student Applicant's Position of Eligibility**

* 5. The position of eligibility is the elected or appointed position you are using to qualify you to apply. Indicate your eligibility by selecting the elected or appointed office you currently hold. **Currently** means that you will be serving in that role when you submit this application.

**Select ONLY ONE.** Although there may be several positions in which you serve that may make you eligible to apply, you must choose the position you want to use to qualify you to meet the leadership and service requirements of this opportunity.

* 6. If you selected "Other" provide both the name of the organization and the position you hold in the box below.

* 7. Is the position of eligibility you indicated an elected position or an appointed position?

- Elected
- Appointed
* 8. Being the founder or chairperson of a self-created club or organization DOES NOT qualify a student for the United States Senate Youth Program.

Is the position of eligibility you indicated a position in a self-created club or organization?

☐ Yes
☐ No

**Student and Parent/Guardian Information**

* 9. **Student's Official Legal Name** (First/Middle/Last Name)

10. **Student's Preferred Name** (Optional)

11. **Student's Preferred Pronouns** (Optional)

* 12. **Student's Email**

School Email

Additional Email

Where You Can Be Reached

* 13. **Student's Home Address**

Street/Apt.

City

Zip Code

* 14. **Student's Phone Information** (Include Area Code)

- *If there is no home phone number, type in the cell phone number for both.*

Home Phone

Cell Phone
Students under the age of 18 are protected under the Family Educational Rights and Privacy Act (FERPA). As such, all students under 18 are required to have parental consent when providing Personally Identifiable Information (PII). Please provide a valid parent email address for verification of parental consent. Failure to provide a valid email address will result in removal of this application.

* 15. **Parent/Guardian #1** Name (First/Last Name)

- If there is no home phone number, type in the cell phone number for both.

Parent/Guardian #1 Name

Parent/Guardian #1 Email

Parent/Guardian #1 Home Phone

Parent/Guardian #1 Cell Phone

16. **Parent/Guardian #2** Name (First/Last Name)

- If there is no home phone number, type in the cell phone number for both.

Parent/Guardian #2 Name

Parent/Guardian #2 Email

Parent/Guardian #2 Home Phone

Parent/Guardian #2 Cell Phone

**Student's High School Information**

* 17. **School District**

School Name

School Address

City

Zip Code

School Phone Number

* 18. **School Information**
**19. Student's Grade Point Average (Should be obtained from an official in the student's school guidance office.)**

| Last Cumulative GPA (Weighted) |  |
| Last Cumulative GPA (Unweighted) |  |

**20. Student is...**
- [ ] A Junior
- [ ] A Senior

**21. Student's expected year of graduation:**
- [ ] 2023
- [ ] 2024

**22. School Counselor Information**

| Counselor's Name |  |
| Counselor's Email |  |
| Counselor's School Phone Number (Include Area Code) |  |

**23. School Principal Information**

| Principal's Name |  |
| Principal's Email |  |
| Principal's School Phone Number (Include Area Code) |  |

**24. District Superintendent Information**

| Superintendent's Name |  |
| Superintendent's Email |  |
| Superintendent's Office Phone Number (Include Area Code) |  |

**Student Personal Statements**

**NOTE:** If you are not comfortable typing into the spaces below, type your content separately then copy and paste it into the spaces below.
* 25. Briefly share information outlining your past and current involvement in student government during your high school career. *Response must be 120 words or less. (A maximum of 700 characters with spaces.)*

* 26. Briefly describe your involvement in community service initiatives or programs outside of school. *Response must be 120 words or less. (A maximum of 700 characters with spaces.)*

* 27. Briefly describe leadership experiences you have had which would support you serving as a United States Senate Youth delegate for Florida. *Response must be 120 words or less. (A maximum of 700 characters with spaces.)*

* 28. Briefly share ways in which your participation in the United States Senate Youth program will enhance your understanding and interest in the political and governmental process of the United States. *Response must be 120 words or less. (A maximum of 700 characters with spaces.)*

* 29. Briefly share ways in which your selection as one of the United States Senate Youth delegates for Florida will benefit your future goals. *Response must be 120 words or less. (A maximum of 700 characters with spaces.)*

* 30. Briefly describe any special recognitions, awards, honors and/or accomplishments not previously mentioned. *Responses must be 120 words or less. (A maximum of 700 characters with spaces.)*

**Letters of Recommendation**

*The required two letters of recommendation MUST have been received by October 7, 2022.*

* 31. Provide the first and last name of the teacher who submitted the required recommendation for you.
32. Provide the first and last name of the club or organization sponsor who submitted the required recommendation for you.

Upload Required Documents and Information

Applicants MUST upload the forms indicated below.

33. **Upload Student Essay**

   Choose File  |  Choose File

   No file chosen

34. **Provide LINK to Digital Presentation**

   

35. **Upload Principal's Acknowledgement Form** *(Must have signature.)*

   Choose File  |  Choose File

   No file chosen

Student and Parent/Guardian Confirmation

36. I affirm that I am the student applicant identified in this application. I affirm that I am the author of the essay and digital content submitted in my name. I also affirm that the essay and digital presentation are free of plagiarism and copyright infringement.

   Type full name as confirmation.

37. I attest that at the submission of this application, I am NOT aware of any scheduling conflict that would prevent me from being able to fully attend and be present during the entire required window of time for the **Washington Week** program *(week of March 4-11, 2023)*. I also attest I understand that complete attendance is **required** to receive the scholarship.

   Type full name as confirmation.
* 38. I affirm that I am the parent or legal guardian of the student completing this application, and I am a resident of Florida.

Students under the age of 18 are protected under the Family Educational Rights and Privacy Act (FERPA). As such, all students under 18 are required to have parental consent when providing Personally Identifiable Information (PII). Please provide a valid parent email address for verification of parental consent. Failure to provide a valid email address will result in removal of this application.

Type full name and email address as confirmation.

Parent/Guardian Name

Parent/Guardian Email Address

* 39. You must check EACH statement below in order to submit your application.

☐ I have completed all of the required fields in this application.

☐ I have uploaded my essay and provided the link to my digital content.

☐ I have uploaded my Principal's signed acknowledgement form.

☐ I am ready to submit my completed application.