MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

OFFICE OF COLLEGE AND CAREER READINESS - CURRICULUM

2024 UNITED STATES SENATE YOUTH PROGRAM STUDENT NOMINATION FORM

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| **INSTRUCTIONS AND SUBMISSION INFORMATION** | | | | | | | | |
| Nomination forms and supporting documentation **must be sent electronically** from an official school email address and must include the following:   * Signatures from principal and school administrator * Student writing (Parts E - H) * High school transcript * Letter of endorsement   Scan all elements of the application [into onedocument and](mailto:into%20one%20document%20and%20) email the completed application to cassandra.beaty@dese.mo.gov.  **Deadline:** Wednesday, September 27, 2023.Late or incomplete applications will not be accepted.  **Questions?** Contact the English Language Arts Director at 573-751-8468 or [cassandra.beaty@dese.mo.gov.](mailto:cassandra.beaty@dese.mo.gov.)  If you or a member of your immediate family ever served in the U.S. Armed Forces click [here](https://dese.mo.gov/veterans-services) for more information about military-related services in Missouri or visit [www.dese.mo.gov/veterans-services](http://www.dese.mo.gov/veterans-services). | | | | | | | | |
| **PART I – PERSONAL INFORMATION TO BE COMPLETED BY STUDENT** | | | | | | | | |
| STUDENT LAST NAME | | STUDENT FIRST NAME | | | STUDENT MIDDLE NAME | | | |
| STUDENT PREFERRED NAME | | | | STUDENT PREFERRED PRONOUN(S) | | | | |
| STUDENT EMAIL | | | | DATE OF BIRTH | STUDENT PHONE NUMBER | | | |
| STUDENT HOME ADDRESS | | | | CITY | STATE | | ZIP | |
| FULL NAMES OF PARENT(S)/GUARDIAN(S) | | | PARENT(S)/GUARDIAN(S) EMAIL | | PARENTS/GUARDIANS PHONE NUMBER | | | |
| 1. |  | | 1. |  | 1. |  | | |
| 2. |  | | 2. |  | 2. |  | | |
| PARENT(S)/GUARDIAN(S) ADDRESS | | | CITY | | STATE | | ZIP | |
| 1. |  | | 1. |  | 1. |  | 1. |  |
| 2. |  | | 2. |  | 2. |  | 2. |  |
| THE NATIONAL ORGANIZATION REQUIRES THAT APPLICANTS MEET THE FOLLOWING RESIDENCY REQUIREMENT:  RESIDENCY - EACH STUDENT MUST BE A LEGAL PERMANENT RESIDENT OR CITIZEN OF THE UNITED STATES AT 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.  DO YOU MEET THIS REQUIREMENT? ☐ YES ☐ NO | | | | | | | | |
| CHECK ANY OF THE FOLLOWING **ELECTED OR APPOINTED** OFFICE(S) **CURRENTLY HELD FOR THE ENTIRE 2022-2023 ACADEMIC YEAR:**  STUDENT BODY OFFICES  PRESIDENT  VICE PRESIDENT  SECRETARY  TREASURER  STUDENT COUNCIL REPRESENTATIVE  CLASS OFFICES  PRESIDENT  VICE PRESIDENT  SECRETARY  TREASURER  OTHER **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  STUDENT REPRESENTATIVE TO DISTRICT, REGIONAL OR STATE-LEVEL CIVIC OR EDUCATIONAL ORGANIZATION (MUST BE AN ELECTED OFFICE FROM WHICH YOU  REPRESENT A CONSTITUENCY THROUGHOUT THE YEAR.) | | | | | | | | |
| **PART A: SIGNIFICANT SCHOOL LEADERSHIP ACTIVITIES** (120 word maximum)  List school leadership activities (student government, athletics, clubs, etc.) in which you have participated and that you consider significant. | | | | | | | | |
| Name of school leadership activity and grade(s) in which you participated. | | | | Titles of elected or appointed office s) held in the leadership activity and grade in which the office(s) were held. | | | | |
| The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [**civilrights@dese.mo.gov**](mailto:civilrights@dese.mo.gov). | | | | | | | | |
| **PART A: SIGNIFICANT SCHOOL LEADERSHIP ACTIVITIES CONTINUED** (120 word maximum)  List school leadership activities (student government, athletics, clubs, etc.) in which you have participated and that you consider significant. | | | | | | | | |
| Example:Student Council (9, 10, 11, 12) | | | | Example:Vice President (11), President (12) | | | | |
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| **PART B: SIGNIFICANT COMMUNITY ACTIVITIES** (120 word maximum)  List community activities (Scouts, 4-H, youth groups, church work, volunteer charitable service, etc.) in which you have participated and that you consider significant. | | | | | | | | |
| Name of community activity and grade(s) in which you participated. | | | | Titles of elective office(s) held in the activity and grade in which the office(s) were held. | | | | |
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| **PART C: SIGNIFICANT EMPLOYMENT EXPERIENCES AND/OR SUMMER ACTIVITIES** (120 word maximum)List part-time employment or summer activities you consider significant and the dates you participated. | | | | | | | | |
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| **PART D: IMPORTANT EXTRACURRICULAR, INTERESTS, AND HOBBIES** (120 word maximum)  List activities and interests you consider to be significant and estimate the time you spend in each. | | | | | | | |
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| **PART E - SHORT RESPONSE #1: FUTURE ASPIRATIONS** (250 word maximum)  Please label, type, and attach your answers to this nomination form before scanning and submitting the completed  nomination form. | | | | | | | |
| **PROMPT 1:** Describe how your selection as a USSYP delegate would influence your future goals. | | | | | | | |
| **PART F - SHORT RESPONSE #2: MOTIVATION** (250 word maximum)  Please label, type, and attach your answers to this nomination form before scanning and submitting the completed  nomination form. | | | | | | | |
| **PROMPT 2:** Describe a leadership experience you have had that influenced your decision to apply to the USSYP. | | | | | | | |
| **PART G - SHORT RESPONSE #3: PURPOSE** (250 word maximum)  Please label, type, and attach your answers to this nomination form before scanning and submitting the completed  nomination form. | | | | | | | |
| **PROMPT 3:** Describe ways in which your participation in USSYP will enhance your understanding and interest in the political and governmental process of the United States. | | | | | | | |
| **PART H - ESSAYS** (2,500 word maximum; 3 minute maximum)  Please label, type, and attach your answers to this nomination form before scanning and submitting the completed  nomination form. | | | | | | | |
| **ESSAY 1 (written submission):** What is the highest-level **elected or appointed** qualifying leadership position that you will hold for the entire school year? How did you get there? Tell us the story of how your role, interest, and involvement in your organization/group has grown up to this point, and something significant you have learned along the way. | | | | | | | |
| **ESSAY 2 (video submission):** Imagine that you have recently been elected as one of the youngest members of the Missouri legislature.  What would be the first bill you would introduce?  Create and film a video in which you describe the provisions of your bill and why this initiative is your top priority (in three minutes or less). | | | | | | | |
| **PART II – SCHOOL ADMINISTRATOR**  To be completed by the student’s principal, counselor, or teacher whom the principal appoints. | | | | | | | |
| NAME OF SCHOOL | | | | | | COUNTY-DISTRICT CODE | |
| SCHOOL ADDRESS | | CITY | | | | STATE | ZIP |
| SCHOOL PHONE NUMBER | | SCHOOL FAX NUMBER | | | | SCHOOL EMAIL ADDRESS | |
| INDICATE WHETHER SCHOOL IS  PUBLIC  PRIVATE | | | | | | | |
| STUDENT 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.  YES  NO | | | | | | | |
| STUDENT GRADE LEVEL  11  12 | STUDENT GRADUATION YEAR  2023  2024 | | | | STUDENT CLASS RANK  UPPER 10%  UPPER 20%  UPPER 30% | | |
| NAME OF SCHOOL ADMINISTRATOR (INDIVIDUAL COMPLETING THIS FORM AND VERIFYING INFORMATION) | | | | | | POSITION/TITLE | |
| SCHOOL ADMINISTRATOR EMAIL | | | | | | SCHOOL ADMINISTRATOR PHONE | |
| HAVE YOU READ THE APPLICANT’S INFORMATION AND IS IT TRUTHFUL, TO THE BEST OF YOUR KNOWLEDGE?  YES  NO | | | | | | | |
| IS STUDENT’S TRANSCRIPT ATTACHED TO THIS FORM FOR SUBMISSION?  YES  NO | | | | | | | |
| SIGNATURE OF SCHOOL ADMINISTRATOR (INDIVIDUAL COMPLETING THIS FORM AND VERIFYING INFORMATION) | | | | | | | DATE |
| **SCHOOL ADMINISTRATOR LETTER OF ENDORSEMENT** | | | | | | | |
| Using your knowledge of this applicant and of the requirements and goals for this program, provide us with a profile of the applicant, specifically emphasizing those qualities which he or she possesses that relate to suitability and qualification for participation.  Please include in your profile the applicant’s characteristics and attributes particularly suited to the nature and purpose of this program, and the applicant’s interest, experiences, and activities which specifically qualify this applicant to represent Missouri in this program. | | | | | | | |
| **SCHOOL ADMINISTRATOR ASSURANCE** | | | | | | | |
| PRINT NAME OF SCHOOL PRINCIPAL | | | | | | | |
| SIGNATURE OF SCHOOL PRINCIPAL | | | | | | | DATE |
| **STUDENT ASSURANCE** | | | | | | | |
| STUDENT SIGNATURE | | | | PRINT STUDENT NAME | | | DATE |
| **PARENT/GUARDIAN ASSURANCE (PARENT ONE)** | | | | | | | |
| I AFFIRM THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT COMPLETING THIS APPLICATION  YES  NO | | | | | | | |
| AND I AM A RESIDENT OF (STATE) | | | | | | | |
| PARENT//GUARDIAN SIGNATURE | | | PRINT NAME OF PARENT/GUARDIAN | | | | DATE |
| **PARENT/GUARDIAN ASSURANCE (PARENT TWO)** | | | | | | | |
| I AFFIRM THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT COMPLETING THIS APPLICATION.  YES  NO | | | | | | | |
| AND I AM A RESIDENT OF (STATE) | | | | | | | |
| PARENT//GUARDIAN ONE SIGNATURE | | | PRINT NAME OF PARENT/GUARDIAN | | | | DATE |