



UNITED STATES SENATE YOUTH PROGRAM APPLICATION

ND DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF ASSESSMENT
SFN 53468 Rev (8-2018)

Please type or print clearly

Part I

Student's Name (Last, Middle Initial, First)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		E-Mail Address
Home Street Address		City, State	Zip	Home Phone Number
Name of High School	Grade in School Junior <input type="checkbox"/> Senior <input type="checkbox"/>	Student Cell Phone Number		School Phone Number
School Street Address		City, State	Zip	School Fax Number
Parents'/Guardians'/ Names				Work Phone Numbers

Are you a United States citizen or national? If no, provide evidence from the U.S. Immigration and Naturalization service indicating that you are a permanent resident or intend to become a citizen or permanent resident.

Yes No

Are you a resident of North Dakota? If no, you must apply for this scholarship in your state of residence. Exception: Applicants of military parents may apply EITHER in North Dakota OR in their state of permanent residence, not in both.

Yes No

Applicant's Current Class Rank	Number in Graduating Class
Applicant's Grade Point Average (on a 4.0 Scale)	College/Vocational School Planning to Attend

Standardized Test Scores

College Board (SAT)

ACT Composite Score	Verbal	Math	Total
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Signature of Principal (Required)	Date	E-Mail Address
Type or Print Name of Principal	Name and Title of person who will administer qualifying exam (This is the person who the qualifying exam will be mailed back to)	

PART II. To be completed by the applicant.

Applicant is **currently** serving in an elected capacity in any one of the following student government, civic, or educational organizations. Please check those that apply:

a. Student body: <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	
b. Class officer: <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	
c. Student council representative: <input type="checkbox"/>	d. Student representative to district, regional, or state-level civic or educational organization meeting: <input type="checkbox"/> (complete the following section)
Name of organization	
Place of Meeting	Date of Meeting

List the leadership, academic, and vocational awards/recognitions you have received in the last two years (local, regional, state and national).

List the co-curricular activities in which you have participated in the last two years (student government, music, communications/speech, FFA, sports, etc.).

List your activities in community and public service in the last two years (include volunteer work).

Future Plans