



Illinois State Board of Education

100 North First Street, N-253
Springfield, Illinois 62777-0001

APPLICATION FOR THE UNITED STATES SENATE YOUTH PROGRAM – WILLIAM RANDOLPH HEARST SCHOLARSHIP SCHOOL YEAR 2019-2020

Completed original applications must be received in the Springfield office by 4:00 p.m. on Tuesday, October 1, 2019. Form can be completed online and printed.

CURRICULUM AND INSTRUCTION

INSTRUCTIONS: PLEASE TYPE ON THE FORM USING ONLY A TYPEWRITER OR COMPUTER. FOR HAND DELIVERIES: Application must be delivered to the address at the top of the page by 4 p.m., October 1, 2019. No electronic submissions, including faxes, will be accepted. Application must contain original signatures. Please review the eligibility requirements prior to applying.

NAME OF STUDENT (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	HOME TELEPHONE (Include Area Code)	CELL TELEPHONE (Include Area Code)
HOME ADDRESS (Street, City, State, Zip Code)	COUNTY OF RESIDENCE	E-MAIL ADDRESS OF STUDENT (Required)
NAME OF PARENT(S)/GUARDIAN	PARENT EMAIL	
CURRENT ELECTED OFFICE(S)*		

***To be eligible, a candidate must be a United States citizen or permanent legal resident of the United States of America at time of application and currently be serving during the entire 2019-2020 school year in an elected or selected capacity in any one of the following student government, civic or educational organizations:**

- Student body president, vice-president, secretary or treasurer
- Class president, vice-president, secretary or treasurer
- Student council representative
- National Honor Society officer member or officer member in a discipline-based National Honor Society
- 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 approved by the state selection administrator.

APPLICANT'S CURRENT YEAR IN SCHOOL <input type="checkbox"/> Junior <input type="checkbox"/> Senior	DATE OF BIRTH (mm/dd/yyyy)	HIGH SCHOOL GRADE POINT AVERAGE Last Semester _____ All Semesters _____	Highest Possible GPA
NAME OF HIGH SCHOOL	NAME OF HIGH SCHOOL PRINCIPAL		
SCHOOL ADDRESS (Street, City, State, Zip Code)	SCHOOL TELEPHONE (Include Area Code)	E-MAIL ADDRESS OF PRINCIPAL	
SCHOOL DISTRICT NAME AND NUMBER	NAME OF SCHOOL DISTRICT SUPERINTENDENT		
NAME OF REGIONAL SUPERINTENDENT OF SCHOOLS (Not applicable for Chicago Public School District 299 students)	E-MAIL ADDRESS OF SCHOOL DISTRICT SUPERINTENDENT		
NAME OF YOUR STATE SENATOR AND DISTRICT NUMBER IN THE ILLINOIS GENERAL ASSEMBLY	NAME OF YOUR STATE REPRESENTATIVE AND DISTRICT NUMBER IN THE ILLINOIS GENERAL ASSEMBLY		

Please attach to this application a typed narrative (not to exceed two pages) describing:

- Your involvement in student government and community service;
- Achievements, especially leadership experiences, that would support your selection as a candidate;
- Ways in which your participation in this year's William Randolph Hearst Foundation United States Senate Youth Program will enhance your interest in and understanding of this country's political and governmental processes; and
- Ways in which your participation will benefit those you come in contact with, your school, and area schools.

I affirm that I am the sole author of the attached essay and meet the eligibility requirements of the William Randolph Hearst Scholarship.

_____ Date

_____ Original Signature of Student

I hereby certify that the above named student is a junior or senior in good standing, holds the elected office(s) identified above and has presented accurate GPA information. I also certify that the student's parent or legal guardian resides in Illinois and that this district does not traverse state lines.

_____ Date

_____ Original Signature of Principal