

## APPLICATION FOR THE UNITED STATES SENATE YOUTH PROGRAM 2025-26

100 North First Street Springfield, Illinois 62777-0001

**INSTRUCTIONS:** Application must be submitted by 5 p.m. on Friday, October 3, 2025. Submit electronic applications to <u>ussyp@isbe.net</u>. Include applicant's first and last names and "USSYP application" in the subject line. Application must have original signatures. Please review eligibility requirements prior to applying.

NAME OF STUDENT (Last, First, Middle)	Mr. Ms.	HOME TELEPHONE (Include Area Code)	CELL TELEPHONE (Include Area Code)	
HOME ADDRESS (Street, City, State, ZIP Code)		COUNTY OF RESIDENCE		
		EMAIL ADDRESS OF STUDENT (Required)		
NAME OF PARENT(S)/GUARDIAN(S)		PARENT EMAIL	PARENT TELEPHONE (Include Area Code	
CURRENT ELECTED OFFICE(S)*				
service. They must be actively serving in qualified and be able to attend the entire 2026 in-person Wash the student government, civic, or educational organow hold for the entire 2025-26 school year in one  Student Body president, vice president, secret Class president, vice president, secretary, or Student Council representative.  A National Honor Society officer (including distinat include service components).  Student representative elected or appointed (educational organization approved by the state constituency in a year-round capacity providir	nington Week programanizations during the of the following statary, or treasurer. treasurer. scipline-based Honor (by a panel, commissite selection administrations)	m. The student must hold a high-levence entire 2025-26 academic year. Maudent government, civic, or education of societies such as the National English sion or board) to a local, district, regiona	Il leadership position in any one of rk the elected/appointed office you onal organizations.  and Social Studies Honor Societies  I or state-level civic, service and/ or	
Residency: Each student must be a legal permanent the entire academic year in a public or independent his	resident or citizen of			
Please check the box below to confirm residency.				
Citizen of the United States (at the time of app	. ,	P - C - N		
<ul><li>Legal Permanent Resident (with visa green c</li><li>Must be enrolled the entire academic year in or guardians reside in the state.</li></ul>		. ,	at least one of their parents	
Please check the box below to confirm participation	on in Washington W	eek held March 7-14, 2026, in Washi	ngton, D.C.	
☐ I am available to participate in Washington W	Veek			
☐ I am <b>NOT</b> available to participate in Washing	jton Week			

More information is available on the ISBE United States Senate Youth program webpage.

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APPLICANT'S CURRENT YEAR IN SCHOOL	DATE OF BIRTH (mm/dd/y	ууу)	HIGH SCHOOL GRADE POINT	IT AVERAGE Highest		
☐ Junior ☐ Senior			Last Semester	All Semesters	Possible GPA	
NAME OF HIGH SCHOOL		NAME OF HIGH SCHOOL PRINCIPAL				
SCHOOL ADDRESS (Street, City, State, ZIP Code)		SCHOOL TELEPHONE (Include Area Code) EMAIL 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.)		EMAIL 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				
Your involvement in student govern     Achievements, especially leadership     Ways in which your participation in understanding of this country's polit     Ways in which your participation will	ment and community service experiences, that would so this year's United States Seical and governmental proc	ce; upport enate Ye esses a	your selection as a candidate; outh Program will enhance you as well as your plans for colleg	e and career; and		
I affirm that I am the sole author of the attached	essay and meet the eligibi	lity requ	uirements of the United States	Senate Youth Program.		
	Date		Original Signature of Student			
I hereby certify that the above named student presented accurate GPA information. I also certraverse state lines.						
	 Date		Original Signature of Principal			

**ESSAY** 

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## ESSAY (continued)

Contact Information: Hana Robben, Principal Consultant

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