



## Principal Verification Form

Student Name: \_\_\_\_\_

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

**Principal or Head of School Official:** Please complete this reference form for the student named above and confirm that you endorse this student to represent your school and the state if chosen as a Georgia United States Senate Youth Program (USSYP) delegate. Students are required to meet all criteria of USSYP found at [www.gadoe.org/USSYP](http://www.gadoe.org/USSYP) and at <https://ussenateyouth.org/>.

Students who are selected as a 2024 Georgia delegate must attend the **Annual United States Senate Youth Program Washington Week, March 2-9, 2024.**

Provide your assessment of this student's character.

Characteristic	Not Able to Rate	Below Average	Average	Above Average	Well Above Average
Commitment to Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to Class, School, or Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Interact and Communicate Effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks to Understand Multiple Perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I endorse this student's application for the United States Senate Youth Program, and if selected, I understand this student will represent Georgia as a 2024 delegate in Washington DC, March 2-9.

Principal/Head of School  
Name: (Print) \_\_\_\_\_

Principal/Head of School  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Counselor Verification Form

Student Name: \_\_\_\_\_

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

**School Counselor:** Students are required to meet all criteria of USSYP found at [www.gadoe.org/USSYP](http://www.gadoe.org/USSYP) and at <https://ussenateyouth.org/>. Please verify the following information by checking the appropriate items.

**I verify this student is actively serving in the following elected or appointed leadership officer position for the entire 2023-2024 academic year:**

- |   |  |
|---|--|
| <input type="checkbox"/> Student Body President         | <input type="checkbox"/> <u>Officer</u> in a National Honor Society chapter  |
| <input type="checkbox"/> Student Body Vice President    | <input type="checkbox"/> JROTC Officer, including Cadet Corps Commanders   |
| <input type="checkbox"/> Student Body Secretary         | <input type="checkbox"/> *Student representative who is elected or appointed by a panel, commission, or board to a local, district, regional, or state-level civic, service, and/or educational organization whose primary purpose is public/community service and constituent representation approved by the state. |
| <input type="checkbox"/> Student Body Treasurer         |  |
| <input type="checkbox"/> Student Council Representative |  |
| <input type="checkbox"/> Class President                |  |
| <input type="checkbox"/> Class Vice President           |  |
| <input type="checkbox"/> Class Secretary                | *Organization Name: _____  |
| <input type="checkbox"/> Class Treasurer                |  |

**I verify this student's current rank in scholastic standing falls with the:**

- Upper 1%     Upper 5%     Upper 10%     Upper 15%     Upper 25 %     Below upper 25%

- I verify this student has provided proof of Georgia residency.
- I verify this student has at least one parent or legal guardian that resides in Georgia.
- I verify this student is enrolled for the entire 2023-2024 school year as a  junior /  senior in the high school indicated above.
- I verify this student is a permanent resident or citizen of the United States.

School Counselor Name (Print): \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent/Guardian Verification Form

Student Name: \_\_\_\_\_

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Students who are selected as a 2024 Georgia USSYP delegate must attend the **Annual United States Senate Youth Program Washington Week, March 2-9, 2024**, funded by the Hearst Foundation.

**Parent or Legal Guardian:** please verify your understanding of the following information by checking each box and signing below:

- I verify that I am the parent or legal guardian of the above-named student, and I am a Georgia resident.
- I understand that should my student be selected as a Georgia USSYP delegate, full participation at the Annual USSYP Washington Week is required in order to serve as a delegate and receive the \$10,000 undergraduate college scholarship from the Hearst Foundation. My student must adhere to the conditions set forth in the rules and regulations of the program brochure: <https://ussenateyouth.org/wp-content/uploads/2023/04/USSYP-2024-Official-Brochure.pdf>
- I understand that all scholarship funds will be sent directly to my student's undergraduate college from the Hearst Foundation and no funds will be provided directly to my student or family.
- I understand that should my student be selected as a Georgia USSYP delegate, they will be required to provide proof of U.S. citizenship to the national program before attending Washington Week events.
- I understand that should my student be selected as a Georgia USSYP delegate or alternate, their name and school will be released to the public for recognition purposes.
- I understand that should my student meet all the criteria of the USSYP, found at [www.gadoe.org/USSYP](http://www.gadoe.org/USSYP) and at <https://ussenateyouth.org/>, and advance through the selection process, they will be required to attend an in-person civics exam in Atlanta.
- I understand that if my student is a top-scoring candidate and advances to the final round of the selection process, they will be required to attend an in-person interview in Atlanta.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
\*Parent/Legal Guardian Signature

\_\_\_\_\_  
\*Date

\*Only one signature required in sole parent/guardian households.