

United States Senate Youth Program Application Form 2026-2027

Student Information:

Legal Name:

First M. I. Last

Date of Birth:

Gender: _____

U.S. Resident/Citizen: YES or NO

Pronouns: _____

Home Address:

Street City Zip Code

Home Phone: () Cell Phone: ()

Email: _____

Parent/Guardian Name: _____ Cell Phone: ()

Email: _____

Additional:

Parent/Guardian Name: _____ Cell Phone: ()

Email: _____

School Information:

High School:

School Address:

Street City Zip Code

Name of Principal: _____ Phone: ()

Email: _____

Name of School Contact: _____ Phone: ()

Email: _____

Qualifications for School Year 2026-2027 *(Attach additional pages if necessary.):*

School Leadership Position(s): _____

Civic/Educational Leadership Position(s): _____

Current Grade Level (Junior or Senior): _____

Why do you want to represent Hawaii in the United States Senate Youth Program?

*Attach additional page

Describe your current role serving as a leader in your school and in your community.

*Attach additional page

Leadership Positions:

List all elected or appointed positions held in high school.

Leadership Positions	Grade 9	Grade 10	Grade 11	Grade 12	Activity/Organization

Community Activities:

List community activities that you have participated in and note any major accomplishments.

Community Activities	Date(s) of Service	Major Accomplishments

Recognition and Awards:

List major accomplishments and/or recognition, honors and awards you have received.

Recognition or Award	Grade 9	Grade 10	Grade 11	Grade 12	Activity/Organization

I certify that the information on this application is correct. I am a high school junior or senior in a student leadership position and a legal permanent resident or citizen of the United States.

Applicant's Signature

Date

I affirm that all of the above is correct to the best of my knowledge. I give permission for my student to participate and if selected will be allowed to attend Washington Week.

Principal's Signature

Date

Deadline: Friday, October 2, 2026

Send application, academic transcripts and one letter of recommendation by:

Mail to: OCID - Student Activities Program, 475 22nd Avenue, Room 207, Honolulu, HI 96816
or Email to: tiffany.frias@k12.hi.us