The Pennsylvania Association of Student Councils

Developing, engaging, and celebrating leaders

Rose Ann M. Fulena, Executive Director
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Union Area Middle High School
2106 Camden Avenue, New Castle, PA 16101

Dear Parents / Guardians,

We are excited that your son or daughter has been nominated by their high school to apply for the US Senate Youth Program. Should you have any questions about the program, please feel free to contact us at senateyouth@pasc.net.

As part of our process, we ask that you complete this form, verifying for us that:

- You have read the official rules for the program contained in the most recent program brochure located at https://ussenateyouth.org/selection_process_brochure/ as well as the guidelines for Washington Week at https://ussenateyouth.org/selection_process_rules/ and that you (and your child) agrees to follow them without exception.
- That if my child is a finalist for the program, I will transport them, at my own expense, to Harrisburg on a Saturday in November to participate in the finalist interviews.
- That if my child is selected as one of the two Pennsylvania delegates, that they will be able to fully and completely attend the "Washington Week" program in Washington DC in March (at the expense of the Hearst Foundation) and that failure to participate will cause them to forfeit their $12,500 scholarship.
- That if selected as a finalist for this program, the information my child submits for this program, including letters of recommendation and GPA from their transcript, may be used by the Hearst Foundation, the Pennsylvania Department of Education, and the Pennsylvania Association of Student Councils on their websites and as part of media releases, and that their picture may be used as well.
- That the information my child provided in their application, specifically, regarding their residency, school enrollment, and qualifying position held, is true and accurate.
- That my child is a United States citizen or I-551 "Green Card" holder at the time of this application.

BOTH parents or guardians must sign this form unless the child only has one legal parent/guardian. In that case, please write "only one guardian" on the second parent/guardian line.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Second Parent/Guardian Name: _____

Second Parent/Guardian Signature: _____

Please give this form back to the student to submit as part of their application, or send directly to senateyouth@pasc.net with the name of the student in the subject line.