

UNITED STATES SENATE YOUTH PROGRAM 2026 ARKANSAS APPLICATION

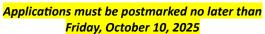


Applications must be postmarked no later than Friday, October 10, 2025

APPLICANT INFORMATION									
Student Legal Name (First, Middle, and Last)									
Student Home Address (Street, City, and Zip Code)									
St	tudent Email Address								
Student Home Phone (10-digit)				Student C (10-digit)	ell Phone				
Student Date of Birth (mm/dd/yyyy)				Student G	rade	☐ 11th		☐ 12th	
Student Age				Student G		Male	Female		
RESIDENCY AND CITIZENSHIP VERIFICATION									
Applicants must be United States citizens or have permanent residency in the United States at the time of application. Having applied for an official Green Card (but not currently in possession) does not meet USSYP eligibility requirements.									
☐ I am a United States citizen			I am not a United States citizen, but am a permanent resident in possession of my Green Card at the time of this application.						
			PARENT/GUARDIAN INFO	PMATIONI					
Parents or guardians must sign below to approve for you to go to Washington, D.C. for a week to attend the United States Senate Youth Program under the conditions set forth in the rules and regulations of the USSYP program brochure you will find in the 2026 USSYP Brochure.									
	Parent/Guardian Full N	lame			Sole Guar	dian:	☐ Yes	☐ No	
1	Parent/Guardian Email	Address			Cell Phon (10-digit)	e			
	Parent/Guardian Signature								
	Parent/Guardian Full Name								
2	Parent/Guardian Email	Address	;		Cell Phon (10-digit)	e			
	Parent/Guardian Signa	ture							
SCHOOL ADMINISTRATION VERIFICATION									
1	Principal Full Name				Principal Lette Application In		Yes	□No	
	Principal Email Address								
	Principal Signature								
	addition to my letter of recommend y be chosen.	ation, I confi	irm that this student is currently holding the leadersh	nip position noted	and is endorsed to	<mark>o represen</mark>	t our school an	<mark>d state, should</mark>	
2	School Counselor Full N	lame							
	School Counselor Email	l Address	5						
	School Counselor Signa	ture							



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SCHOOL INFORMATION													
School District N				Check the box for School Typ									
School Name										☐ Public		Private	
School Address (Street/P.O. Box, City, and Zip Code)										Other:			
School Phone: (10-digit)													
ACADEMIC INFORMATION													
What is your class	What is your class									Linnar 250/) Out		
rank? I have included	? Upper 1% Upper 5%			-		Upper 10%	er 10% Upper 15% Upper 25% Ot					J Other	
with application:	ch Cumulative GPA Class Schedule ATLAS, ACT, or SAT Test Scores						Test Scores						
QUALIFYING STUDENT POSITION													
 Attendance or officer position at Boys/Girls Nation or State summer conference General member of a National Honor Society (serving as an elected officer is acceptable) Member or leader of the Boy Scouts, Girl Scouts, or a sports team A founder or chairperson of a self-created group A participant, captain, or officer in Mock Trial, Debate Team, Model UN, or other academic club, mock legislature, conference, or competition where the primary engagement is for individual educational benefit. 													
government, ci			-		the	entire 2025-2	026	school year in o	one (or the followi	ng s	tudent	
Student Body President						☐ Class President							
Student Body Vice President							☐ Class Vice President						
Student Body Secretary				☐ Class Secretary									
Student Body Treasurer						☐ Class Treasurer							
Student Council Representative						_	Officer in a National Honor Society Chapter Qualifying position if not Student Body or Honor Society officer:						
A student representative, elected or appointed to a civic, service, or educational organization at the local, district, regional, or state level, whose primary purpose is public service and constituent representation Describe how you serve your community and support your constituency year-round basis:													
(Note: Subject to approval by the state selection administrator)													



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APPLICATION AND ALL SUPPORTING INFORMATION SHOULD BE MAILED TO:

Ronda Smith, USSYP State Coordinator

ADE, Division of Elementary and Secondary Education
Four Capitol Mall, Mail Slot #15
Little Rock, AR 72201

Applicants who are unable to mail the application or obtain a copy of their official transcript may contact **Ronda Smith** at (501) 682-7816 or ronda.smith@ade.arkansas.gov for assistance.

	APPLICANT SIGNATURE					
 All semi-finalists will be required to take the USSYP examination and attend an interview in Little Rock, Arkansas. Applicants should review the program description and be familiar with the qualifications set by the William Randolph Hearst Foundation before submitting an application. (see 2026 USSYP Brochure). Applicant and Parent/Guardian Signatures acknowledge that the applicant has no scheduling conflicts and understand that, if selected as a delegate from Arkansas, attendance is mandatory for the Washington Week program (March 1-8, 2025), in-person, in order to receive the scholarship. 						
Signature of Applicant (REQUIRED):		Date: (mm/dd/yyyy)				

CHECKLIST OF ALL APPLICATION MATERIALS							
Completed information on the 2026 USSYP application	☐ Summary of Community Service Activities						
Official transcript with cumulative GPA and class rank	☐ Statement of Future Aspirations						
☐ ATLAS, ACT, or SAT scores	☐ Written Essay						
☐ Class Schedule	Principal Letter of Recommendation						
Resume/Scholastic Accomplishments, Activities, and Interests	 Signatures of Applicant, Parent/Guardian(s), Principal and School Counselor 						
Materials received after midnight on the application date will be declined for submission as part of the 2026 United States Senate Youth Program.							