



APPLICANT INFORMATION				
Student Legal Name (First, Middle, and Last)				
Student Home Address (Street, City, and Zip Code)				
Student Email Address				
Student Home Phone (10-digit)		Student Cell Phone (10-digit)		
Student Date of Birth (mm/dd/yyyy)		Student Grade	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th
Student Age		Student Gender	<input type="checkbox"/> Male	<input type="checkbox"/> 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.	
<input type="checkbox"/> I am a United States citizen	<input type="checkbox"/> 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 INFORMATION				
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 .				
1	Parent/Guardian Full Name		Sole Guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Parent/Guardian Email Address		Cell Phone (10-digit)	
	Parent/Guardian Signature			
2	Parent/Guardian Full Name			
	Parent/Guardian Email Address		Cell Phone (10-digit)	
	Parent/Guardian Signature			

SCHOOL ADMINISTRATION VERIFICATION				
1	Principal Full Name		Principal Letter of Application Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Principal Email Address			
	Principal Signature			
In addition to my letter of recommendation, I confirm that this student is currently holding the leadership position noted and is endorsed to represent our school and state, should they be chosen.				
2	School Counselor Full Name			
	School Counselor Email Address			
	School Counselor Signature			



SCHOOL INFORMATION

School District Name		Check the box for School Type:
School Name		<input type="checkbox"/> Public <input type="checkbox"/> Private
School Address (Street/P.O. Box, City, and Zip Code)		Other: _____
School Phone: (10-digit)		

ACADEMIC INFORMATION

What is your class rank?	<input type="checkbox"/> Upper 1%	<input type="checkbox"/> Upper 5%	<input type="checkbox"/> Upper 10%	<input type="checkbox"/> Upper 15%	<input type="checkbox"/> Upper 25%	<input type="checkbox"/> Other
I have included with application:	<input type="checkbox"/> Academic Transcript with Cumulative GPA			<input type="checkbox"/> Class Schedule	<input type="checkbox"/> ATLAS, ACT, or SAT Test Scores	

QUALIFYING STUDENT POSITION

The positions listed below **DO NOT** qualify the student for the USSYP program:

- 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.

Mark the Elected/Appointed Office you now hold for the entire 2025-2026 school year in one of the following student government, civic, or educational organizations.

- | | |
|---|--|
| <input type="checkbox"/> Student Body President | <input type="checkbox"/> Class President |
| <input type="checkbox"/> Student Body Vice President | <input type="checkbox"/> Class Vice President |
| <input type="checkbox"/> Student Body Secretary | <input type="checkbox"/> Class Secretary |
| <input type="checkbox"/> Student Body Treasurer | <input type="checkbox"/> Class Treasurer |
| <input type="checkbox"/> Student Council Representative | <input type="checkbox"/> 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)



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 understands 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

- | | |
|---|--|
| <input type="checkbox"/> Completed information on the 2026 USSYP application | <input type="checkbox"/> Summary of Community Service Activities |
| <input type="checkbox"/> Official transcript with cumulative GPA and class rank | <input type="checkbox"/> Statement of Future Aspirations |
| <input type="checkbox"/> ATLAS, ACT, or SAT scores | <input type="checkbox"/> Written Essay |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Principal Letter of Recommendation |
| <input type="checkbox"/> Resume/Scholastic Accomplishments, Activities, and Interests | <input type="checkbox"/> 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.