

Completed applications must be received in the Springfield office by 5:00 p.m. on Wednesday, October 6, 2010.

ILLINOIS STATE BOARD OF EDUCATION
 Innovation and Improvement Division
 100 North First Street, N-242
 Springfield, Illinois 62777-0001

**APPLICATION FOR
 THE UNITED STATES SENATE YOUTH PROGRAM/WILLIAM RANDOLPH HEARST SCHOLARSHIP**

INSTRUCTIONS: Type or print neatly.

NAME OF STUDENT (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	HOME TELEPHONE (Include Area Code)
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HOME ADDRESS (Street, City, State, Zip Code)	COUNTY OF RESIDENCE E-MAIL ADDRESS OF STUDENT (Required)
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NAME OF PARENT(S)/GUARDIAN	BUSINESS TELEPHONE OF PARENT (Include Area Code)
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CURRENT ELECTED OFFICE(S)*

NAME OF HIGH SCHOOL	SCHOOL TELEPHONE (Include Area Code)
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SCHOOL ADDRESS (Street, City, State, Zip Code)

APPLICANT'S CURRENT YEAR IN SCHOOL <input type="checkbox"/> Junior <input type="checkbox"/> Senior	DATE OF BIRTH (MM/DD/YYYY)	NAME OF HIGH SCHOOL PRINCIPAL
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SCHOOL DISTRICT NAME AND NUMBER	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">HIGH SCHOOL GRADE POINT AVERAGE</td> <td style="text-align: center;">Highest Possible GPA</td> </tr> <tr> <td style="text-align: center;"> Last Semester _____ All Semesters _____ </td> <td style="text-align: center;"> _____ </td> </tr> </table>	HIGH SCHOOL GRADE POINT AVERAGE	Highest Possible GPA	Last Semester _____ All Semesters _____	_____
HIGH SCHOOL GRADE POINT AVERAGE	Highest Possible GPA				
Last Semester _____ All Semesters _____	_____				
	E-MAIL ADDRESS OF PRINCIPAL				

NAME OF SCHOOL DISTRICT SUPERINTENDENT	NAME OF REGIONAL SUPERINTENDENT
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NAME OF YOUR STATE SENATOR AND DISTRICT NUMBER	NAME OF YOUR STATE REPRESENTATIVE AND DISTRICT NUMBER
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- * To be eligible, a candidate must currently be serving in an elected or selected capacity in any one of the following student government, civic or educational organizations:
- a. Student body president, vice-president, secretary or treasurer
 - b. Class president, vice-president, secretary or treasurer
 - c. Student council representative
 - d. Student representative to district, regional or state-level civic or educational organization

Please attach to this application a typed narrative (not to exceed two pages) describing:

1. Your involvement in student government and community service;
2. Achievements, especially leadership experiences, that would support your selection as a candidate;
3. Ways in which your participation in this year's William Randolph Hearst Foundation United States Senate Youth Program will enhance your interest in and understanding of this country's political and governmental processes; and
4. Ways in which your participation will benefit those you come in contact with, your school, and area schools.

I affirm that I am the sole author of the attached essay.

_____ Date

_____ Signature of Student

I hereby certify that the above named student is a junior or senior in good standing, holds the elected office(s) identified above and has presented accurate GPA information. I also certify that the student's parent or legal guardian resides in Illinois and that this district does not traverse state lines.

_____ Date

_____ Signature of Principal

FOR HAND DELIVERIES: Applications must be delivered to the address at the top of the page by **5 p.m., October 6, 2010.**