

ILLINOIS STATE BOARD OF EDUCATION

Special Education Services Division
100 North First Street, N-253
Springfield, Illinois 62777-0001
www.isbe.net/spec-ed/html/hearst.htm

Completed original applications must be received in the Springfield office by 4:00 p.m. on Wednesday, October 5, 2016.

**APPLICATION FOR
THE UNITED STATES SENATE YOUTH PROGRAM – WILLIAM RANDOLPH HEARST SCHOLARSHIP
SCHOOL YEAR 2016-2017**

INSTRUCTIONS: PLEASE TYPE ON THE FORM USING ONLY A TYPEWRITER OR COMPUTER. FOR HAND DELIVERIES: Application must be delivered to the address at the top of the page by 4 p.m., October 5, 2016. No electronic submissions, including faxes, will be accepted. Application must contain original signatures.

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

***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:**

- Student body president, vice-president, secretary or treasurer
- Class president, vice-president, secretary or treasurer
- Student council representative
- Student representative to district, regional or state-level civic or educational organization

APPLICANT'S CURRENT YEAR IN SCHOOL <input type="checkbox"/> Junior <input type="checkbox"/> Senior	DATE OF BIRTH (mm/dd/yyyy)	HIGH SCHOOL GRADE POINT AVERAGE Last Semester _____ All Semesters _____	Highest Possible GPA
NAME OF HIGH SCHOOL		NAME OF HIGH SCHOOL PRINCIPAL	
SCHOOL ADDRESS (Street, City, State, Zip Code)		SCHOOL TELEPHONE (Include Area Code)	E-MAIL ADDRESS OF PRINCIPAL
SCHOOL DISTRICT NAME AND NUMBER		NAME OF SCHOOL DISTRICT SUPERINTENDENT	
NAME OF REGIONAL SUPERINTENDENT OF SCHOOLS (Not applicable for Chicago Public School District 299 students)		E-MAIL ADDRESS OF SCHOOL DISTRICT SUPERINTENDENT	
NAME OF YOUR STATE SENATOR AND DISTRICT NUMBER IN THE ILLINOIS GENERAL ASSEMBLY		NAME OF YOUR STATE REPRESENTATIVE AND DISTRICT NUMBER IN THE ILLINOIS GENERAL ASSEMBLY	

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

- Your involvement in student government and community service;
- Achievements, especially leadership experiences, that would support your selection as a candidate;
- 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
- 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	Original Signature of Student
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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	Original Signature of Principal
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