

2023 High School Student Congress Application

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Full Name:							
Last	First		Middle				
Preferred Name:	Date of Birth:	e of Birth: Gender:					
Email:	Pho	ne:					
Home Address:							
Street Address			Apartment/Unit #				
City		State	ZIP Code				
Parent/Guardian Name:		First					
Parent/Guardian Email: Phone:							
Race/Ethnicity (Optional):							
How did you hear about the Student Congress? Please select all that apply Friend Teacher Brochure/Flyer Social Media Internet Search Local Young Democrats/Republicans							
□ Other:							
	Education Informa	tion					
Please list current high school and c	any applicable test scores.						
High School:							
High School Location:							
	City	State					
Classification: □ Freshman □ Soph	nomore 🗆 Junior 🗆 Senior	Expected Graduat	ion:				

Involvement Information

Please use the space provided to list your activities, involvement and leadership roles, if applicable. You may include an additional sheet as an attachment if necessary.

	School Activities and Clubs					
Activity	Years Involved	Leadership Position				
		<u> </u>				
	Extracurricular Activities					
Activity	Years Involved	Leadership Position				
		<u> </u>				
	Honors and Awards					
Activity	Years Involved	Leadership Position				

	Other Activities/Work Experience	
Activity	Years Involved	Leadership Position
-		·
	Essays	
	LSSdys	

Please answer the following prompts in **no more than 250 words each** on a typed page, single spaced. Please include your name on the document.

- 1. What is the greatest conflict our nation will face in the next quarter-century, and how will compromise and consensus building prove essential in managing and solving this conflict?
- 2. Why do you want to be selected to attend the High School Student Congress?

Attachments

Please include the following attachments as part of your application:

- 1. Application Essays
- 2. Copy of Most Recent Transcript (may be unofficial)
- 3. Teacher Recommendation Please print out the teacher recommendation form at the end of this application and give it to a teacher to complete. Your teacher will return the form to the Henry Clay Center. *Your application will not be complete until the teacher recommendation form has been received*.

Disclaimer and Signature

I certify that the information I am providing is true and complete to the best of my knowledge.

If selected to the program, I understand that I must be an active and respectful participant of the program.

If selected to the program, I agree to abide by the rules and regulations of the Student Congress, the Henry Clay Center, and the University of Kentucky.

Signature:_____

Date:_____

Please submit application and all requested attachments titled with your last name, via email or hard mail.

Email To: adidawick@henryclaycenter.org

Mail To: Abby Didawick Henry Clay Center Box 210, 838 E. High Street Lexington, KY 40502

Applications must be received or postmarked by March 17, 2023 to receive full consideration Any applications received after this date will not be given preference,

but may still be considered for alternate positions.



Teacher Recommendation Form

*Must be submitted in order for application to be complete

The Henry Clay Center promotes public leadership through the discussion of pressing global and national issues, utilizing the perspectives of compromise, cooperation, consensus building and conflict resolution. The week-long High School Student Congress brings 50 high school students together with politicians, academics, journalists and other leaders to discuss the importance of developing and applying statesmanship in every aspect of their activities, without sacrificing their own values. Applicants will be evaluated on their academic performance, record of integrity, involvement and leadership, and their ability to write clearly, persuasively and concisely. **INSTRUCTIONS FOR TEACHER**: **Please submit this form and your letter of recommendation to Abby Didawick, Program Manager, at adidawick@henryclaycenter.org by the application deadline of March 17th, 2023.**

Applicant's Name:						
Last	First					
Recommender's Name:						
Dr./Mr./Ms.	First	Last				
High School:						
How long have you known this student?						
In what class(es) did you teach this student?						
Do you know this student outside of the classroor	m? Yes	No				
If yes, please explain:						

What is the first word that comes to your mind to describe this student? _____

Please complete the evaluation below based on a comparison of this student with all other students you have. If you do not feel qualified to evaluate a student in a particular area, please indicate that in the appropriate column.

Characteristic	Тор 5%	Тор 15%	Тор 25%	Тор 50%	Below Average	No Opportunity to Observe
Oral Expression						
Written Expression						
Leadership Potential						
Integrity						
Initiative						
Respect of Peers						
Respect of Faculty						
Overall Evaluation						

On a separate sheet of paper, please write a letter of recommendation for the applicant. **Please return this** form *and* your letter to <u>adidawick@henryclaycenter.org</u> by the deadline, March 17, 2023.

Recommender's Signature: