

**United States Senate Youth Program (USSYP)  
Tennessee State-Level Selection Application  
2023-24 Student Application**

**Verification Form**

*The student, a parent/guardian, and the school principal (or designee) must sign this form for verification of application information. Students should upload the signed form as a PDF to the **verification form** section of the USSYP student application.*

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**Student Name:** \_\_\_\_\_

**Student Verification**

I verify that all the information submitted and contained in my application is true and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Verification**

I allow and approve the above-named student to apply for the USSYP program. I affirm that I am the parent or legal guardian of the student completing this application, and I am a resident of Tennessee.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal Verification**

I verify that the student listed below meets the eligibility requirements for the United States Senate Youth Program (USSYP) as outlined [here](#).

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_