Office of the Speaker
U.S. House of Representatives
H-419C, The Capitol
Washington, D.C. 20515

2004 APPLICATION FOR REPUBLICAN PAGE APPOINTMENT
PART 1

Refer to instructions on Cover Page. Please type or print clearly.

Name: _____
(Last) (First) ("Preferred") (Middle)

Date of Birth: _____ **Age:** _____ **Social Security #:** _____

Mailing Address (if other than home): _____

_____

Name of Parent of Legal Guardian: _____
(Last) (First) (Middle)

Home Phone: _____ **Work Phone:** _____

Address: _____

Your Member of Congress: _____

Member Appointing You: _____

Grade You Are Entering for 2004/2005 School Year: _____

Date of Availability: **Fall 2004** _____ **Spring 2005** _____

Maximum Period of Availability:

_____

Are you related to a current Member of Congress? _____ **Yes** _____ **No**

If so, please list: _____

Date: _____ **Signature of Applicant:** _____

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2004 APPLICATION FOR REPUBLICAN PAGE APPOINTMENT PART 2

DECLARATION OF PARENTAL CONSENT

We, _____ and _____,

are the parents (or legal guardians) of, and give our consent for, _____

to apply for an appointment to serve as a Republican Page in the U.S. House of Representatives,

beginning on _____, 20 _____.

We agree to provide, supervise and pay for his/her travel to and from the U.S. Capitol Building. We accept full responsibility for his/her supervision at his/her place of residence in the District of Columbia, and for his/her physical safety and well-being while the individual is employed as a Page in the U.S. House of Representatives.

_____
Mother or Guardian's Signature

_____
Father or Guardian's Signature

_____
Street Address

_____
City State Zip

Telephone Numbers

Home: _____

Office: _____

United States House of Representatives
Page Program
SCHOOL REPORT

APPLICANT (After filling out the identifying information below, give this form to your school advisor/principal/or counselor)

NAME Last First Middle Jr. (etc.)

ADDRESS Street City State Zip Code

TELEPHONE (include area code) FAX

DATE OF BIRTH **SOC. SECURITY #**

ADVISOR'S/PRINCIPAL'S/COUNSELOR'S REPORT:

NAME OF PERSON PREPARING REPORT **POSITION**

SCHOOL NAME

SCHOOL ADDRESS

SCHOOL TELEPHONE **SCHOOL FAX**

SCHOOL CEEB/ACT/SAT CODE

Please complete the following regarding the applicant:

- Of this applicants graduating class, _____% plan to attend a four-year college. This applicant ranks _____ in a class of _____ students.
- Attach an official 9th and 10th grade transcript. The applicant's Grade Point Average (GPA) cannot be determined without a complete record. Include a key to the transcript to aid computation. If available, attach a school profile.
- Please list coursework taken freshman and sophomore years. Data and letter grades must be transferred from student's transcript.

FRESHMAN YEAR	SUBJECT	SEMESTER 1 GRADES	SEMESTER 2 GRADES
English			
Mathematics			
Science			
Social Studies			
Foreign Language			
SOPHOMORE YEAR	**SUBJECT**	**SEMESTER 1 GRADES**	**SEMESTER 2 GRADES**
English			
Mathematics			
Science			
Social Studies			
Foreign Language			

Please list the coursework planned for this applicant's Junior year at his or her "home" high school:

	Semester 1	Semester 2
English		
Mathematics		
Science		
Social Studies		
Foreign Language		
Other		

- **To be scholastically eligible for the school-year Page Program, a student must be at least 16 years of age by the first day the appointment begins, must be a Junior, AND, must have a cumulative 3.0 or 85% GPA in the five major subjects. Please indicate if the applicant meets these requirements. _____YES _____ NO**
- **The Page School enrollment never exceeds sixty-six students and therefore has a limited curriculum that may not parallel the student's home school curriculum. Please indicate that the applicant and home school are aware of these limitations. _____ YES**
- **EVALUATION: It is essential to the applicant's eligibility that you record what you think best describes his or her academic and personal characteristics. We are particularly interested in the applicant's intellectual ability, personal integrity; adaptability, cooperativeness, relative maturity, and physical stamina. We welcome information that will help differentiate this applicant from others,**

SIGNATURE **DATE**

Thank you for your cooperation. Please seal, and return completed form (with transcript) to applicant for inclusion with application.