U.S. HOUSE OF REPRESENTATIVES
PAGE PROGRAM

SPRING 2010

January 24, 2010 - June 4, 2010

CONGRESSIONAL PAGE APPLICATION MATERIALS

PAGE APPLICANT REQUIREMENTS

1. APPLICATION

Complete all parts of the application. A complete application consists of:

- Form 1: Personal Data
- Form 2: Parent/Guardian Information
- Form 3: Extracurricular Activities/Work Experience
- Form 4: Personal Statement
- Form 5: Declaration of Parent(s)/Guardian(s) Consent
- Form 6: Insurance Information
- Form 7: School Report (submitted in a school-sealed envelope)
- Two Official School Transcripts **(one submitted by the applicant in a school-sealed envelope with Form 7 and the other mailed by the school in a school-sealed envelope directly to the House Page School, Attn. Tom Savannah, Principal, Library of Congress, 101 Independence Avenue, S.E., LJA11, Washington, DC 20540).**
- Form 8: Academic Teacher Recommendation (submitted in the same school-sealed envelope with Form 7)
- Two Additional Letters of Recommendation (only one of which can be a personal recommendation)
- Form 9: Applicant and Parent(s)/Guardian(s) Certifications

SUBMIT THE ENTIRE APPLICATION AND ALL SUPPORTING DOCUMENTS (except one official transcript that is mailed directly to the Page School) AT ONE TIME DIRECTLY TO YOUR SPONSORING MEMBER'S OFFICE. DO NOT SEND YOUR APPLICATION TO THE SPEAKER'S OR THE MINORITY LEADER'S OFFICE. ALL APPLICATION MATERIALS ARE DUE BY 11/13/2009. EXTENSIONS WILL BE GRANTED ONLY UNDER EXCEPTIONAL CIRCUMSTANCES. FAXED APPLICATIONS WILL NOT BE ACCEPTED.

2. SEPARATE SUBMISSIONS BY YOUR SPONSORING MEMBER

- Form 10: Member Office Certification (completed and forwarded by the sponsoring Member)
- Member Letter of Recommendation (completed and forwarded by the sponsoring Member)

3. AGE

Pages must be at least 16 years old but no older than 17 years of age at any point during the term in which they serve. Verification of age is required. **NO EXCEPTIONS!**

4. GRADE LEVEL

Fall or Spring Term – A Page serving in the academic year must be a junior in high school. The House Page School offers only a junior year course of study.
Summer Term – A Page serving during the summer term must have completed the 10th grade and not yet entered the 12th grade, i.e., the Page may be a rising junior or rising senior.

5. ACADEMIC REQUIREMENTS

Candidates must have (1) at least a cumulative 3.0 academic Grade Point Average ("GPA"), based on five core academic subjects, for the 9th and 10th grades and (2) a 3.0 GPA in those same subjects in the current school term. **THERE ARE ABSOLUTELY NO EXCEPTIONS!** The five core

academic subjects considered in determining the GPA are: English, Math, Science, Social Studies, and a foreign language. Electives not in these subject areas are not considered when computing the GPA.

6. LEGAL RESIDENT
A Page must be a legal resident of the United States of America.

7. HEALTH INSURANCE
Fall or Spring Term – Pages must have health insurance throughout the duration of their service as Pages. If an accepted Fall Term or Spring Term applicant does not have health insurance, the Page upon arrival will be subject to the Federal Employee Health Benefits Program and charged a monthly fee commensurate with the specific healthcare plan chosen by the Page.
Summer Term – An applicant for the Summer Term who **does not have health insurance cannot participate** in the Summer Term. Because Summer Term Pages are not eligible to participate in the Federal Employee Health Benefits Program, a Page must have health insurance on his or her own.

8. APPOINTMENT
Applicants can only be appointed by the Speaker of the House or Minority Leader. Every session, the Speaker of the House and Minority Leader separately select, on a rotating basis, a different group of their Party's House Members to submit nominations. If you are appointed, you will be contacted by your sponsoring Member's Office.

9. KEEP A COPY
We recommend that you keep a copy of your completed application and subsequent documents, in case the original or any part of the application is misplaced in transit.

We are including an Applicant Checklist to help you be sure that you have completed all of the necessary parts of the application.

Please **type** all information. Send completed application with *all* components to your sponsoring Member of Congress, who will, in turn, send (1) your application, (2) the Form 10 Member Certification Form, and (3) his or her Letter of Recommendation to the Office of the Speaker or the Minority Leader. Omission of any part of the application will delay processing and notification to you of whether you have been admitted to the Page Program.

Honorable _____
Congressional Sponsor

OFFICE USE ONLY

_____ **to** _____
Appointment Period

Form 1: PERSONAL DATA (Do Not Leave Any Blank Spaces)

Legal Name: _____
Last First Middle Initial

Permanent Home Address: _____
Number and Street

City: _____ State: _____ Zip: _____

Birth Date: _______________ (month\day\year)

Age: _____

Are you available for the full length of the Term for which you are applying? _____yes _____no

Current Grade: Sophomore _____ Junior _____

Are you related to a current Member of Congress? _____ yes _____ no

If so, please list Member and relationship: _____

Have you ever been selected as a Page before? _____ yes _____ no

If so, for what Term? _____ (for example, Summer II 2009)

Are you a legal resident of the United States? _____yes _____no

Form 2: PARENT/GUARDIAN INFORMATION

(Please note that all parents/guardians that you list in this application will receive student reports and grades after you are enrolled at the House Page School). If necessary, copy and submit a second page to provide this information.

Parent/Guardian Name:

_____
Last First Middle Initial

Relationship to Applicant_____

Address_____
City State Zip

Home Phone ( )_____ Email_____
(include area code) *(provide an active e-mail address)*

Work Phone ( )_____ Cell Phone ( ) _____
(include area code, ext.) *(include area code)*

Parent/Guardian Name:

_____
Last First Middle Initial

Relationship to Applicant_____

Address_____
City State Zip

Home Phone ( )_____ Email_____
(include area code) *(provide an active e-mail address)*

Work Phone ( )_____ Cell Phone ( )_____
(include area code, ext.) *(include area code)*

If parents are living apart, with whom does the child live? _____

Form 3: EXTRACURRICULAR ACTIVITIES/WORK EXPERIENCE

***Part I*:** Please list your principal extracurricular activities (including community and family activities) in their order of interest to you. Include specific events and/or major accomplishments, such as musical instrument(s) played, varsity letter(s) earned, etc.

***Part II*:** Please list any work experience.

I. Activity	Grade Level of Year of Participation			Approximate Number of Hours Spent Per Week	Positions Held or Honors Received
	9	10	11		

II. Work Experience	Nature of Work	Approximate Number of Hours Spent Per Week	Dates of Employment
none			

Form 4 (Part 1): PERSONAL STATEMENT

The Page Program is looking for students who can succeed in and out of the classroom. This section offers an opportunity to tell us who you are and why you would like to be a Page. Please type in the space below a personal statement of 250-300 words about why you are applying and what you feel you can contribute to the U.S. House of Representatives Page Program.

Form 4 (Part 2): ESSAY

This essay helps us become acquainted with you. It will demonstrate your ability to organize your thoughts and express yourself. In addition, it helps us to get to know you better as a scholar and a person. Please choose **one** of the following essays below and then write a 250-500 word response to it. Use additional sheets if necessary.

1. The U.S. House of Representatives Page Program is comprised of students from across the country; how do you expect this to shape the lens through which you view the world?

2. The U.S. House of Representatives and the City of Washington are vibrant, engaging and diverse places to work and to experience cultures different from your own. What is it about your background that prepares you to add value to the program as an employee of the U.S. House of Representatives, a student in the House Page School, and as a citizen of the Page community?

Form 5: DECLARATION OF PARENT(S)/GUARDIAN(S) CONSENT

I/We _____ and _____ am/are the parent(s)/ legal guardian(s) of _____ and I/we give my/our consent for him/her to apply for an appointment to serve as a Page in the U.S. House of Representatives for the _____ Term.

If he/she is appointed to be a Page, I/we agree to provide, supervise and pay for **all of his/her travel** to and from the Page Residence Hall in the District of Columbia, including travel from the Page Residence Hall necessitated by reason of my child being terminated from the Page Program for violating any of the requirements, obligations, rules, regulations or policies of the U. S. House of Representatives or of the Page Program.

_____

Parent or Guardian Signature Date

_____

Parent or Guardian Signature Date

Form 6: INSURANCE INFORMATION

THIS FORM MUST BE COMPLETED IN FULL BY THE CANDIDATE'S PARENT(S)/GUARDIAN(S).

A CANDIDATE **WHO HAS NOT SUBMITTED** A COMPLETED INSURANCE INFORMATION FORM ALONG WITH HIS/HER APPLICATION **WILL NOT BE ELIGIBLE** FOR A PAGE APPOINTMENT.

NAME: _____

BIRTH DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PART I: EMERGENCY INFORMATION

PARENTS'/GUARDIANS' ADDRESSES IN CASE OF EMERGENCY

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

Please list below an individual who may take full responsibility for this minor in the event neither parent/guardian can be reached.

NAME *(RELATIONSHIP TO CANDIDATE)*: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

PRIMARY CARE PHYSICIAN

NAME: _____

PHYSICIAN'S PRACTICE GROUP NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

PART II: HEALTH INSURANCE INFORMATION

NAME OF HEALTH INSURANCE PROVIDER:_____

ADDRESS: _____CITY: _____STATE:___ ZIP:_____

PHONE #:_____ POLICY NUMBER: _____

GROUP NUMBER:_____BENEFIT CODE:_____EFFECTIVE DATE:_____

SUBSCRIBER'S NAME (*RELATIONSHIP TO CANDIDATE*):_____

IDENTIFICATION #: _____ SUBSCRIBER'S DATE OF BIRTH:_____

SUBSCRIBER'S WORK ADDRESS:_____

POLICY TYPE: ____P.P.O. ____H.M.O. ____OTHER (please describe)_____

Does this policy require pre-authorization of non-emergency services? Yes____ No____

Please be sure to include a **front and back** copy of the following:

FRONT of health insurance card	BACK of health insurance card
FRONT of dental insurance card (if available)	BACK of dental insurance card (if available)
FRONT of pharmacy card (if available)	BACK of pharmacy card (if available)

I HEREBY ATTEST that this health insurance currently covers _____ (name of child). I attest that I have checked with my insurance company and it will transfer benefits to the Washington, D.C. area while my child is attending the U.S. House of Representatives Page Program ("Page Program"). I further attest that if this health insurance lapses, I will promptly notify the Page Program and provide health insurance for my child without delay as a condition of my child remaining in the Page Program.

SIGNATURE OF SUBSCRIBER: _____Date: _____

PLEASE SIGN BELOW ONLY IF CANDIDATE IS NOT CURRENTLY COVERED BY HEALTH INSURANCE

I UNDERSTAND AND AGREE THAT all Pages are required to have health insurance that transfers benefits to the Washington, D.C. area before entering the Page Program. I further understand and agree that, because my child is not covered by health insurance, my child will have to be enrolled in the Federal Employee Health Benefits Program with day-one coverage benefit period and be charged a monthly premium commensurate with the chosen insurance plan. (I also understand and agree that the opportunity to enroll in a Federal Employee Health Benefits Program plan applies to Pages in the spring and fall terms only and not to Pages in the summer term. Therefore, my child is not eligible to participate in the summer term if he/she is not currently covered by health insurance.)

SIGNATURE OF PARENT(S)/GUARDIAN(S): _____Date: _____

Form 7: SCHOOL REPORT

I. APPLICANT (After filling out your identifying information and the name of the teacher you have asked to complete the Form 8 Academic Teacher Recommendation, give this form to your current school principal/advisor/counselor to complete Section II.)

Name_____
Last First Middle Jr. (etc.)

Address_____
Number & Street City State Zip Code

Telephone_____
(Home and Cell, including area codes)

Date of Birth _____ Current Grade_____ Year of Graduation _____

Name of teacher completing Form 8 Academic Teacher Recommendation_____

II. Principal's/Advisor's/Counselor's Report

_____
Name of Person Preparing Report Position

_____
School Name

_____
School Address

_____
School Telephone Number School Fax Number

_____
School CEEB/ACT/SAT Code

Please complete the following regarding the applicant:

Of this applicant's class, _____% plan to attend a four-year college. This applicant ranks _____ in a class of _____ students. His/her cumulative Grade Point Average (unweighted GPA) is _____ on a 4.0 scale. If grading is on a different numerical scale, the GPA is _____% on a 100 % equivalent scale.

Attach one *official transcript* to the Form 7 School Report and place it in a sealed envelope along with the completed Form 8 Academic Teacher Recommendation and give the sealed envelope to the applicant for inclusion with his or her application. Please sign or stamp across the sealed area of the envelope.

Mail one *official transcript* directly to the Page School in a sealed envelope to the House Page School, Attn.: Tom Savannah, Principal, Library of Congress, 101 Independence Avenue, S.E., LJA11, Washington, DC 20540. Please sign or stamp across the sealed area of the envelope.

NOTE: Official transcripts must show all coursework through the most recently completed academic period. We cannot verify the applicant's GPA without a complete record. With each official transcript, include a key to the transcript to aid computation. If available, attach a school profile that includes a description of the school's grading methods.

Please list the planned courses or work in progress for this applicant's junior year at his or her "home" high school. Data and letter grades must be transferred from the student's official transcript.

JUNIOR YEAR	SUBJECT	SEMESTER 1 GRADES	SEMESTER 2 GRADES
English			
Mathematics			
Science			
Social Studies			
Foreign Language			
Other			
Other			

To be eligible to apply to the Page Program, a student must (1) be at least 16 years old but no older than 17 years of age at any point during the term in which they serve, (2) be a junior, AND (3) have a cumulative 3.0 unweighted GPA in the five core academic subjects. Please indicate if the applicant meets these requirements.
_____ YES _____ NO

The Page School enrollment never exceeds seventy-two students and therefore has a limited curriculum that may not parallel the student's home school curriculum. Please indicate that the applicant, his or her parents, and your school are aware of these limitations. _____ YES

It is essential to the applicant's eligibility that you tell us 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 ability to meet the requirements of the Page School. We appreciate your honesty and candor with any information that will help differentiate this applicant from others. Please use an additional sheet of paper to elaborate if necessary.

In comparison with other college preparatory students at your school, the applicant's course selection is (check one):

- o Most rigorous available
- o Rigorous
- o Average
- o Below average

Please describe this student's role in your school community.

Has this student ever been involved in any disciplinary action? If yes, please explain.

This report is based on (check one or more as appropriate):

☐ personal contact ☐ counseling contact ☐ teacher comments ☐ records only

SIGNATURE DATE

Thank you for your cooperation. Please return the completed form along with an official school transcript, school profile if available, and Form 8 Academic Teacher Recommendation in a sealed school envelope to the applicant for inclusion with his or her application. Please sign or stamp across the sealed area of the envelope. *A separate official transcript should be mailed directly to the Page School (see the second page of this form for the Page School address).*

Form 8: ACADEMIC TEACHER RECOMMENDATION

TO THE APPLICANT: After filling in the information below, give this form to a teacher who has taught, or is currently teaching you an academic subject (English, mathematics, science, social studies, or a foreign language).

Name of Applicant_____

Name of High School_____

Name of principal/advisor/counselor completing **Form 7 School Report**: _____

I waive my right to have access to this recommendation and understand that I will never see it. ____Yes ___No

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TO THE ACADEMIC TEACHER: This student is applying to the United States House of Representatives Page Program. Please complete this form and return it directly to the school principal, advisor, or counselor listed above who is completing the **Form 7 School Report.**

The United States House of Representatives Page School is a part of the long tradition of educating the Pages who serve Congress. Its students come from across the nation, seeking both an exciting year as Pages on Capitol Hill and a quality education. The school is committed to enhancing this proud history and perpetuating the principles of good citizenship, individual responsibility, and mutual cooperation upon which America and the American government are founded.

The school's education program is an integral part of the Page Program, helping to make it a full and rewarding experience. While the curriculum and activities are much like those of most other secondary schools, the Page School is unlike others in many ways. The primary mission of the House of Representatives Page School is to provide Pages with an educational experience while in transition from and to their home schools. Because virtually all Pages go on to college and university study, the school sets its standards high, expecting the very best of each Page within an honors college preparatory curriculum. We appreciate your professional and candid judgment of this student's ability to be successful in this unique and challenging environment.

Teacher's Name_____ Subject Taught_____

Contact Telephone Number _____ E-mail Address_____

How long have you known the applicant and in what context?

_____

List course(s) you have taught/are teaching this student, noting the level of course difficulty.

_____ _____ _____

Please list the textbook(s) used for the course(s)_____

In your best judgment, how would this student compare to her/his classmates:

No Basis		Below Avg.	Average	Good	Excellent	Outstanding
	INTELLECTUAL ABILITY					
	ACADEMIC ACHIEVEMENT					
	WORK HABITS					
	EFFECTIVE CLASS DISCUSSION					
	WRITTEN EXPRESSION OF IDEAS					
	LEADERSHIP					
	SELF CONFIDENCE					
	INITIATIVE					
	MOTIVATION					
	POTENTIAL FOR GROWTH					
	REACTION TO SETBACKS					
	EMOTIONAL MATURITY					

On the whole, how would you rate this candidate? (Please circle the value you believe appropriate).

7	6	5	4	3	1
SUPERIOR	**VERY GOOD**	**GOOD**	**SATISFACTORY**	**MEDIOCRE**	**VERY POOR**

Dear Teacher: This student is applying to the United States House of Representatives Page Program. Below, or on an attached page, please describe with specific examples whatever you think is important for us to know about this student, including a description of this student's ability to excel. We are interested in the candidate's motivation, relative maturity, integrity, independence, ability to work with others, open mindedness, originality, initiative, leadership potential, capacity for growth, special talents and enthusiasm. We welcome information that will help us to differentiate this applicant from others. We appreciate your candid assessment of this applicant.

Signature

Date

Form 9: APPLICANT AND PARENT(S)/GUARDIAN(S) CERTIFICATIONS

Our signatures below certify that all the information provided by us in this application is complete, factually correct, and honestly presented.

Signed,

_____

Applicant Signature Date

_____

Parent/Guardian Signature Date

_____

Parent/Guardian Signature Date

Form 10: MEMBER OFFICE CERTIFICATION

All sponsoring Members' Offices must submit their nominations to the Speaker or Minority Leader, as appropriate, by the 11/13/2009 deadline. FAXED APPLICATIONS WILL NOT BE ACCEPTED.

I, _____, certify that the following applicant has met the
Member of Congress

criteria for admission into the House Page Program. This certification is based on my, or my designee's, thorough

review of the application and program requirements listed below. I hereby recommend

_____ for admission to the House Page Program.
Page Applicant

____ Completed Application:
- ____ Personal data form
- ____ Parent/guardian information form
- ____ Extracurricular activities/work experience form
- ____ Personal statement and essay
- ____ Declaration of parent/guardian consent
- ____ Medical information form
- ____ Sealed School Envelope
- ____ Two (2) additional Letters of Recommendation
- ____ Applicant and parent(s)/guardian(s) certifications

____ Age and 3.0 GPA Requirements Met

____ Member Letter of Recommendation (addressed to Speaker/Minority Leader)

Signed,

The Honorable _____ Member of Congress

Staff Contact: _____

Telephone:_____ Room Number:_____

APPLICANT CHECKLIST

- ☐ Completed Application Due 11/13/2009 (Leadership enters date)
- ☐ Form 1: Personal Data
- ☐ Form 2: Parent/Guardian Information
- ☐ Form 3: Extracurricular Activities/Work Experience
- ☐ Form 4: Personal Statement and Essay
- ☐ Form 5: Declaration of Parental Consent (Signed by Parent(s)/Guardian(s))
- ☐ Form 6: Insurance Information
- ☐ Form 7: School Report (completed, signed and sealed in a school envelope by current School Principal, Advisor, or Counselor)
- ☐ Two Official School Transcripts (one submitted by the applicant in a school-sealed envelope with Form 7 and the other mailed by the school in a school-sealed envelope directly to the House Page School, Attn: Tom Savannah, Principal, Library of Congress, 101 Independence Avenue, S.E., LJA11, Washington, DC 20540).
- ☐ Form 8: Academic Teacher Recommendation (submitted in school-sealed envelope with Form 7)
- ☐ Two Additional Letters of Recommendation (only one of which can be a personal recommendation)
- ☐ Form 9: Applicant and Parent(s)/Guardian(s) Certifications