

UNITED STATES SENATE PAGE PROGRAM

To the Applicant's Parents

Please complete this section and give this form to the principal or counselor at your child's school.

(Applicant's name) _____ has applied to the Senate Page Program.

Signature of Parent or Guardian _____

To the Principal or Counselor

Please return this form with a copy of a complete transcript (including current grades) and an explanation of the marking system.

Signature _____ Date _____

Printed name _____ Title _____

School _____

School Address _____

Telephone (_____) _____ Fax (_____) _____

Please email or fax this form and transcript by March 5, 2014 to (do not send via postal mail):

Email: Dianne_Kirkbride@enzi.senate.gov

Or

Fax: (307) 772-2480