

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 (_____) _____

All transcripts must be received by due date of application. Email or mail this form and transcript to:

Dianne_Kirkbride@enzi.senate.gov

Senator Mike Enzi

Attn: Dianne Kirkbride

2120 Capitol Avenue, Suite 2007 Cheyenne,
WY 82001