

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 (_____) _____

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
307-772-2477