

## 2022-2023 United States Senate Youth Program Application – Parent/Guardian Signoff

By signing this form, I acknowledge that I am aware of my student's application to represent Georgia in the United States Senate Youth Program. I also acknowledge that, should my student be selected, they **must** block the entire timeframe of the program (March 4-11, 2023) and attend all events in order to serve as a delegate and receive the scholarship.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

