

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

**United States Congressman Sam Johnson's**  
**2014 - 2015 Congressional Youth Advisory Council (CYAC) Application**

- *Only complete applications will be considered.*
- *To be eligible, applicants must be enrolled in 9th, 10th, 11th, or 12th grade and **reside** in the Third Congressional District of Texas. If you are unsure whether you live in the Third District, please visit [www.house.gov](http://www.house.gov) and use the "Find Your Representative" application in the upper right corner to verify the district of your home address.*
- *Due to an extremely high level of interest, students may serve only two of the four years while in 9th - 12th grade.*
- *The 2014-2015 CYAC program consists of four separate meetings, two in each academic semester. If accepted into the program, you must be able to attend meetings. The fall meetings will take place on Saturday, November 1<sup>st</sup> and Saturday, December 6<sup>th</sup>. (We are aware of SAT exams that morning, event will occur in the afternoon) Spring meeting dates will be announced at the end of this calendar year.  
*\*Note: All meeting dates are subject to possible changes in the Congressional calendar.**

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*\*\*Please print or type all of the requested information. Attach additional sheets if necessary.*

Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ *If over 18, are you a registered voter? Y / N*

Have you applied to serve on CYAC in the past? Y / N *If yes, when did you apply?* \_\_\_\_\_

Have you served on CYAC in the past? Y / N *If yes, when?* \_\_\_\_\_

Has a family member served on CYAC in the past? Y / N *If yes, when?* \_\_\_\_\_

School: \_\_\_\_\_ ISD: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ *(on a \_\_\_\_\_ scale)*

List all clubs and activities, including any leadership positions:

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If selected, what topics would you like to discuss at 2014-2015 CYAC meetings?

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Do you have any relatives who are in public service or serve on public boards / commissions? *(If yes, please list.)*

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### Additional Requirements

Please attach the following required documents to your application:

- ✓ A personal statement essay limited to **250-words**. Briefly tell us about yourself, discussing your interests, goals for the future, what you hope to achieve if chosen for CYAC, etc. Please limit to one page.
- ✓ A current photo of yourself *(for identification purposes only)*.
- ✓ **Two** recommendation forms from individuals who can account for your character and interest in government. Letters should be sealed by the author and signed across the seal. These forms should not be written by immediate family members.

*I certify that the information on this application and any additional material submitted is true and complete to the best of my knowledge. I have reviewed the fall meeting dates and am able to attend both meetings at this time.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I do hereby give my consent for my child to participate in the Congressional Youth Advisory Council and understand the time commitment involved for this program.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your **complete** application must be received by staff in Congressman Johnson's Plano, TX office no later than **Friday, October 3, 2014**.

If you have questions about the application or general inquiries regarding CYAC, please feel free to call the district office at (469) 304-0382.

### Submit your application to:

U.S. Congressman Sam Johnson  
ATTN: Congressional Youth Advisory Council  
1255 W. 15<sup>th</sup> Street, Suite 170  
Plano, Texas 75075



**Liability Release Form**

**To: Congressman Sam Johnson's Office**

**Event or Activity: Congressional Youth Advisory Council & related activities**

**Participant: \_\_\_\_\_**

*I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.*

*By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.*

*If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.*

**Sign Here if Participant is an Adult**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign Here if Participant is a Child**

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



*Congressman Sam Johnson's  
Congressional Youth Advisory Council  
Student Recommendation Form*

**TO BE COMPLETED BY STUDENT:**

Full Name \_\_\_\_\_

High School Name \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Person Providing Recommendation \_\_\_\_\_

Relation (i.e. teacher, counselor, troop leader) \_\_\_\_\_

I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and agree that any comments below will remain confidential.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant: Two sealed and signed recommendation letters should be included in your application packet!**

**TO BE COMPLETED BY PERSON PROVIDING RECOMMENDATION:**

Dear Friend,

Congressman Sam Johnson created the Congressional Youth Advisory Council (CYAC) in 2004 to gain insight from students in his district and to inspire civic-minded young adults to achieve their full potential. The Council meets approximately twice each school semester in the Third District. During the CYAC activities, high-achieving students explore the role citizens, lawmakers, experts, and institutions play in a democracy. Please keep this in mind as you provide answers on the next pages.

**Please fill this form out, place it in a blank envelope and sign/stamp the seal. Please return to student in this format.**

**I. How would you compare the applicant to other students?**

	Below Average	Average	Above Average	Excellent	Outstanding	N/A
Analytical Skills						
Classroom Discussion						
Creative Thinking						
Growth Potential						
Initiative						
Intellectual Skills						
Written Expression						
Overall Recommendation						

**II. How long have you known the student and in what capacity?**

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**III. Do you think the applicant has sufficient maturity and integrity to participate in CYAC?**

\_\_\_\_ Yes    \_\_\_\_ No

**Why or why not?**

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**IV. Please tell us about the student. We are particularly interested in the student's intellectual promise, motivation, maturity, integrity and other qualities that will help us differentiate him/her from others. Is this student civic-minded?**

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**V. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_