



CONGRESSWOMAN  
**BETH**  
VAN DUYNÉ  
REPRESENTING THE 24TH DISTRICT OF TEXAS

## **2022 – 2023 Congressional Youth Advisory Council**

The Congressional Youth Advisory Council (CYAC) is a leadership opportunity for high school students in the 24th Congressional District of Texas to participate in an interactive learning experience and develop leadership skills.

Participation in the Congressional Youth Advisory Council offers students a unique opportunity to learn about the federal government, discuss public policy, and work with their federal representative while serving their community.

Through the program, students will strengthen critical thinking and problem-solving skills by assessing the role of the federal government as it relates to issues within the 24th Congressional District of Texas while enhancing their public speaking and writing skills.

### **Eligibility Requirements**

- Open to public, private, and home-schooled high school students.
- Student must be enrolled in 9th, 10th, 11th, or 12th grade.
- Student must be able to attend each of the five separate program meetings throughout the academic semester.
  - Fall meetings will take place on the following **Saturdays, October 15, and November 12.**
  - Three (3) Spring meeting dates will be announced in December 2022.

*\*Note: All meeting dates are subject to possible changes in the Congressional calendar.*

### **Application Process**

In order to be considered, completed applications, including all required documents, must be returned to Congresswoman Van Duyne's District Office no later than **October 4, 2022 by 5:00 p.m.** Incomplete or late applications will not be reviewed.

**Please submit completed applications directly to:**

**U.S. Congresswoman Beth Van Duyne  
Attn: Rachel Garcia  
3100 Olympus Blvd, Suite 440  
Dallas, Texas 75019**

**Or via email to [Rachel.Garcia@mail.house.gov](mailto:Rachel.Garcia@mail.house.gov)**



CONGRESSWOMAN  
**BETH**  
VAN DUYNÉ  
REPRESENTING THE 24TH DISTRICT OF TEXAS

## Application Checklist

\_\_\_\_\_ **Application:** Completed in its entirety.

- Application
- Certification of Application
- Letter of Commitment
- Photo Release Form
- Liability Release Form

\_\_\_\_\_ **Personal Statements (2):** Submit two 200-word essays on the following topics:

- 1) What is an experience you have had, position you have held, or goal you have accomplished that has prepared you to serve on the CYAC?
- 2) Why are you passionate about serving your community and country?

\_\_\_\_\_ **Resume:** Detail all high school involvement and extracurricular activities; including leadership positions, athletic activities, volunteer experiences, etc.

\_\_\_\_\_ **Letters of Recommendation (2):** Letter should focus on applicants' character, leadership qualities, and interest in public service.

- Provide **one** of the letters from your high school principal, assistant principal, advisor, or teacher who can best speak to your character, leadership, etc.
- Provide **one** of the letters from an employer, a family friend, a mentor, etc.
- **Letters should be sealed by the recommender and signed across the seal.**
- These letters should **not** be written by immediate family members.

\_\_\_\_\_ **Current Photo of Applicant:** For identification purposes only.



CONGRESSWOMAN  
**BETH**  
 VAN DUYNÉ  
REPRESENTING THE 24TH DISTRICT OF TEXAS

**2022 – 2023 Congressional Youth Advisory Council Application**

*Please complete electronically or print clearly in pen.*

INFORMATION		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Mailing Address (if different):		
Date of Birth:	Home Phone Number:	
Email:	Cell Phone Number:	
Parent or Guardian Name(s):		
Parent Email:	Parent Phone (Work or Cell):	
Grade for 2022/2023 School Year:	If over 18, registered to vote:    Yes    No	
Name of High School:	ISD:	Cumulative GPA: Scale:
List all clubs and activities, including any leadership positions:		
If selected, what topics would you like to discuss at 2022-2023 CYAC meetings? (i.e. Law Enforcement, Judicial Branch, etc.)		
Do you have any relatives who are in public service, serve on public boards/commissions, or are/were in the military? If yes, please list.		



CONGRESSWOMAN  
**BETH**  
VAN DUYNÉ  
REPRESENTING THE 24TH DISTRICT OF TEXAS

### **Certification of Application**

I, \_\_\_\_\_, certify that the information on this application and any additional material submitted are true and complete to the best of my knowledge. I have reviewed the fall meeting dates and am able to attend all meetings at this time. Additionally, I understand the time commitment involved for this program.

Applicant 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. (If applicant is a minor.)

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

**Complete applications must be submitted to Congresswoman Beth Van Duyne's District Office no later than October 4, 2022 by 5:00 p.m.**

**Please submit completed applications directly to:**

**U.S. Congresswoman Beth Van Duyne  
Attn: Rachel Garcia  
3100 Olympus Blvd, Suite 440  
Dallas, Texas 75019**

**Or via email to [Rachel.Garcia@mail.house.gov](mailto:Rachel.Garcia@mail.house.gov)**





CONGRESSWOMAN  
**BETH**  
VAN DUYNE  
REPRESENTING THE 24TH DISTRICT OF TEXAS

## 2022 – 2023 Congressional Youth Advisory Council Letter of Commitment

If you are selected as a participant for the 2022 – 2023 CYAC program, the commitments required to graduate are full attendance, completion of assignments, and participating in activities.

**Please initial verifying the ability to meet each commitment.**

\_\_\_\_\_ **Attend ALL Meetings, including:**

- First Meeting: Saturday, October 15, 2022\*
- Second Meeting: Saturday, November 12, 2022\*
- Three (3) Spring meeting dates, which will be announce in December 2022.

\_\_\_\_\_ Complete assignments and submit by the deadlines.

\_\_\_\_\_ Frequently check your email for updates and reminders regarding CYAC.

*\*Note: All meeting dates are subject to possible changes in the Congressional calendar.*

Participant Name: \_\_\_\_\_

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



CONGRESSWOMAN  
**BETH**  
VAN DUYNÉ  
REPRESENTING THE 24TH DISTRICT OF TEXAS

### Photo Release Form

I, \_\_\_\_\_, understand that photos will be taken throughout Congressional Youth Advisory Council meetings and events.

Should I appear in these photos, I authorize the Office Congresswoman Beth Van Duyne, its employees, and those acting on her behalf, to release these photos to media outlets.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, understand that photos will be taken throughout Congressional Youth Advisory Council meetings and events.

Should my child, \_\_\_\_\_, appear in these photos, I authorize the Office of Congresswoman Beth Van Duyne, its employees, and those acting on her behalf, to release these photos to media outlets. (If applicant is a minor.)

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



## Liability Release Form

**To: The Office of Congresswoman Beth Van Duyne**

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

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 participation in the event or activity. I release the organization or business names above from all liability, costs, and damages that 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 above named event or activity. 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.

**Participant (please print):** \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

Contact's email: \_\_\_\_\_

### **If participant is a minor (under 18)**

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

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