

**Rep. Tom Petri
Application for Participation in
U.S. House of Representatives
Page Program**

*Spring 2011
January 24, 2011 to May 27, 2011*

Congressional Page Application Materials

To be considered for a nomination by Rep. Petri, an applicant must be a resident of Wisconsin's 6th Congressional District.

Please Send Completed Application to:

**Rep. Thomas E. Petri
490 West Rolling Meadows Drive
Suite B
Fond du Lac, WI 54937**

Application must be received by November 5, 2010

Telephone: 800-242-4883

PAGE APPLICATION REQUIREMENTS

A. AGE

Pages must be at least 16 years old but not older than 17 years of age at any point during the term in which he or she serves. Verification of age is required.

B. GRADE LEVEL

Fall or Spring Term – A Page serving during the fall or spring term must be a junior in high school. The House Page School offers only a junior year course of study.

Summer Term – A Page serving during the summer term must have completed the 10th grade and not yet entered the 12th grade. The Page may be a rising junior or rising senior.

C. ACADEMICS

Candidates must have: (1) at least a cumulative 3.0 academic grade point average (“GPA”), based on five core academic subjects, for the 9th and 10th grades, and (2) a 3.0 GPA in those same subjects in the current school term. The five core academic subjects considered in determining the GPA are: English, math, science, social studies, and foreign language. Electives not in these subject areas are not considered when computing the GPA.

D. LEGAL RESIDENT

A Page must be a legal resident of the United States of America.

E. HEALTH INSURANCE

Fall or Spring Term – Pages must have health insurance throughout the duration of their service as Pages. If an accepted applicant for the fall or spring term does not have health insurance, the Page will be subject to the Federal Employee Health Benefits Program and charged a monthly fee commensurate with the specific healthcare plan chosen by the Page.

Summer Term – An applicant for either of the two summer terms who does not have health insurance can not participate as a Page. Unfortunately, summer term Pages are not eligible to participate in the Federal Employee Health Benefits Program due to the brief period of the summer Page tenure. Summer Pages must have health insurance on his or her own, prior to the appointment date.

F. SEPARATE SUBMISSIONS BY YOUR SPONSORING MEMBER

- Member Office Certification (completed and forwarded by the sponsoring Member)
- Member Letter of Recommendation (completed and forwarded by the sponsoring Member)

G. APPOINTMENT

Applicants can only be appointed by the Speaker of the House or Minority Leader. Every session, the Speaker of the House and Minority Leader separately select, on a rotating basis, a different group of their Party’s House Members to submit nominations. If you are appointed as a Page, you will be contacted by your sponsoring Member’s Office.

We recommend that you keep a copy of your completed application and subsequent documents, in case the original or any part of the application is misplaced in transit.

APPLICATION CHECKLIST

A complete application consists of the items below.

Forms 1-6 are to be filled out by applicant and his/her parent/guardian.

Form 7 must be completed by the applicant's current school and submitted in a school-sealed envelope.

Form 8 is to be filled out by a current teacher of English, mathematics, science, social studies, or foreign language.

Additional Letters of Recommendation are to be written by someone who knows the applicant well, and only one of these letters can be a personal recommendation.

Form 9 is to be signed by the applicant and applicant's parent(s)/guardian(s).

- Form 1: Personal Data
- Form 2: Parent/Guardian Information
- Form 3: Extracurricular Activities/Work Experience
- Form 4: Personal Statement
- Form 5: Declaration of Parent(s)/Guardian(s) Consent
- Form 6: Insurance Information
- Form 7: School Report (submitted in a school-sealed envelope)
- Form 8: Academic Teacher Recommendation (submitted in the same school-sealed envelope with Form 7)
- Two Additional *Letters of Recommendation* (only one of which can be a personal recommendation)
- Form 9: Applicant and Parent(s)/Guardian(s) Certifications

Two official school transcripts and all educational accommodations including IEPs, 504 plans and all related information are required.

1. Attach one transcript and all educational accommodations to the application in a school-sealed envelope with Form 7.
2. Second transcript and all educational accommodations should be mailed by the applicant's school in a school-sealed envelope directly to the:

**House Page School, c/o Registrar
Library of Congress
101 Independence Avenue, S.E., LJA11
Washington, DC 20540**

IN ORDER FOR A PAGE APPLICATION TO BE CONSIDERED COMPLETE:

1. Submit *Form 7*, one official transcript and all educational accommodations including IEPs, 504 plans and all related information to the House Page School as outlined above.
2. Submit one official transcript, all completed Forms, and all educational accommodations including IEPs, 504 plans and all related information to your sponsoring Member's office. All application materials are due by _____. **Do not** send your application to the Office of the Speaker or the Minority Leader. Faxed applications will not be accepted.

Please **type** all information. Send completed application with *all* components to your sponsoring Member of Congress, who will, in turn, send (1) your application, (2) the Form 10 Member Certification Form, and (3) his or her Letter of Recommendation to the Office of the Speaker or the Minority Leader. Omission of any part of the application will delay processing and notification to you of whether you have been admitted to the Page Program.

Honorable _____
Congressional Sponsor

OFFICE USE ONLY

_____ to _____
Appointment Period

Form 1: PERSONAL DATA (Do Not Leave Any Blank Spaces)

Legal Name: _____
Last First Middle Initial

Permanent Home Address: _____
Number and Street

City: _____ State: _____ Zip: _____

Birth Date: ____ \ ____ \ ____ (month\day\year)

Age: _____

Are you available for the full length of the Term for which you are applying? _____ yes _____ no

Current Grade: Sophomore _____ Junior _____

Are you related to a current Member of Congress? _____ yes _____ no

If so, please list Member and relationship: _____

Have you ever been selected as a Page before? _____ yes _____ no

If so, for what term? _____ (for example, fall 2009)

Are you a legal resident of the United States? _____ yes _____ no

Form 2: PARENT/GUARDIAN INFORMATION

(Please note that all parents/guardians that you list in this application will receive student reports and grades after you are enrolled at the House Page School). If necessary, copy and submit a second page to provide this information.

Parent/Guardian Name:

Last First Middle Initial

Relationship to Applicant _____

Address _____

City State Zip

Home Phone () _____ Email _____

(include area code) (provide an active e-mail address)

Work Phone () _____ Cell Phone () _____

(include area code, ext.) (include area code)

Parent/Guardian Name:

Last First Middle Initial

Relationship to Applicant _____

Address _____

City State Zip

Home Phone () _____ Email _____

(include area code) (provide an active e-mail address)

Work Phone () _____ Cell Phone () _____

(include area code, ext.) (include area code)

If parents are living apart, with whom does the child live? _____

Form 4 (Part 1): PERSONAL STATEMENT

The Page Program is looking for students who can succeed in and out of the classroom. This section offers an opportunity to tell us who you are and why you would like to be a Page. Please type in the space below a personal statement of 250-300 words about why you are applying and what you feel you can contribute to the U.S. House of Representatives Page Program.

Form 4 (Part 2): ESSAY

This essay helps us become acquainted with you. It will demonstrate your ability to organize your thoughts and express yourself. In addition, it helps us to get to know you better as a scholar and a person. Please choose **one** of the following essays below and then write a 250-500 word response to it. Use additional sheets if necessary.

1. The U.S. House of Representatives Page Program is comprised of students from across the country; how do you expect this to shape the lens through which you view the world?
2. The U.S. House of Representatives and the City of Washington are vibrant, engaging and diverse places to work and to experience cultures different from your own. What is it about your background that prepares you to add value to the program as an employee of the U.S. House of Representatives, a student in the House Page School, and as a citizen of the Page community?

Form 5: DECLARATION OF PARENT(S)/GUARDIAN(S) CONSENT

I/We _____ and _____ am/are the parent(s)/ legal guardian(s) of _____ and I/we give my/our consent for him/her to apply for an appointment to serve as a Page in the U.S. House of Representatives for the _____ Term.

If he/she is appointed to be a Page, I/we agree to provide, supervise and pay for **all of his/her travel to and from** the Page Residence Hall in the District of Columbia, including travel from the Page Residence Hall necessitated by reason of my child being terminated from the Page Program for violating any of the requirements, obligations, rules, regulations or policies of the U. S. House of Representatives or of the Page Program.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Form 6: INSURANCE INFORMATION

THIS FORM MUST BE COMPLETED IN FULL BY THE CANDIDATE'S PARENT(S)/GUARDIAN(S).

A CANDIDATE **WHO HAS NOT SUBMITTED** A COMPLETED INSURANCE INFORMATION FORM ALONG WITH HIS/HER APPLICATION **WILL NOT BE ELIGIBLE** FOR A PAGE APPOINTMENT.

NAME: _____

BIRTH DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PART I: EMERGENCY INFORMATION PARENTS'/GUARDIANS' ADDRESSES IN CASE OF EMERGENCY

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

Please list below an individual who may take full responsibility for this minor in the event neither parent/guardian can be reached.

NAME (*RELATIONSHIP TO CANDIDATE*): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

PRIMARY CARE PHYSICIAN

NAME: _____

PHYSICIAN'S PRACTICE GROUP NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

PART II: HEALTH INSURANCE INFORMATION

NAME OF HEALTH INSURANCE PROVIDER: _____

ADDRESS: _____ CITY: _____ STATE: __ ZIP: _____

PHONE #: _____ POLICY NUMBER: _____

GROUP NUMBER: _____ BENEFIT CODE: _____ EFFECTIVE DATE: _____

SUBSCRIBER'S NAME (RELATIONSHIP TO CANDIDATE): _____

IDENTIFICATION #: _____ SUBSCRIBER'S DATE OF BIRTH: _____

SUBSCRIBER'S WORK ADDRESS: _____

POLICY TYPE: ___ P.P.O. ___ H.M.O. ___ OTHER (please describe) _____

Does this policy require pre-authorization of non-emergency services? Yes ___ No ___

Please be sure to include a **front and back** copy of the following:

FRONT of health insurance card

BACK of health insurance card

FRONT of dental insurance card (if available)

BACK of dental insurance card (if available)

FRONT of pharmacy card (if available)

BACK of pharmacy card (if available)

I HEREBY ATTEST that this health insurance currently covers _____ (name of child). I attest that I have checked with my insurance company and it will transfer benefits to the Washington, D.C. area while my child is attending the U.S. House of Representatives Page Program ("Page Program"). I further attest that if this health insurance lapses, I will promptly notify the Page Program and provide health insurance for my child without delay as a condition of my child remaining in the Page Program.

SIGNATURE OF SUBSCRIBER: _____ Date: _____

PLEASE SIGN BELOW ONLY IF CANDIDATE IS NOT CURRENTLY COVERED BY HEALTH INSURANCE

I UNDERSTAND AND AGREE THAT all Pages are required to have health insurance that transfers benefits to the Washington, D.C. area before entering the Page Program. I further understand and agree that, because my child is not covered by health insurance, my child will have to be enrolled in the Federal Employee Health Benefits Program with day-one coverage benefit period and be charged a monthly premium commensurate with the chosen insurance plan. (I also understand and agree that the opportunity to enroll in a Federal Employee Health Benefits Program plan applies to Pages in the spring and fall terms only and not to Pages in the summer term. Therefore, my child is not eligible to participate in the summer term if he/she is not currently covered by health insurance.)

SIGNATURE OF PARENT(S)/GUARDIAN(S): _____ Date: _____

Form 7: SCHOOL REPORT

I. APPLICANT (After filling out your identifying information and the name of the teacher you have asked to complete the Form 8 Academic Teacher Recommendation, give this form to your current school principal/advisor/counselor to complete Section II.)

Name _____
Last First Middle Jr. (etc.)

Address _____
Number & Street City State Zip Code

Telephone _____
(Home and Cell, including area codes)

Date of Birth _____ Current Grade _____ Year of Graduation _____

Name of teacher completing Form 8 Academic Teacher Recommendation _____

II. Principal's/Advisor's/Counselor's Report

Name of Person Preparing Report Position

School Name

School Address

School Telephone Number School Fax Number

School CEEB/ACT/SAT Code

Please complete the following regarding the applicant:

Of this applicant's class, _____% plan to attend a four-year college. This applicant ranks _____ in a class of _____ students. His/her cumulative Grade Point Average (unweighted GPA) is _____ on a 4.0 scale. If grading is on a different numerical scale, the GPA is _____% on a 100 % equivalent scale.

Attach one *official transcript* and *all educational accommodations including IEPs, 504s and all related information* to the **Form 7 School Report** and place it in a sealed envelope along with the completed Form 8 Academic Teacher Recommendation and give the sealed envelope to the applicant for inclusion with his or her application. Please sign or stamp across the sealed area of the envelope.

Mail one *official transcript* and *all educational accommodations including IEPs, 504s and all related information* in a sealed envelope directly to the **House Page School, c/o Registrar, Library of Congress, 101 Independence Avenue, S.E., LJA11, Washington, DC 20540**. Please sign or stamp across the sealed area of the envelope.

NOTE: Official transcripts must show all coursework through the most recently completed academic period. We cannot verify the applicant’s GPA without a complete record. With each official transcript, include a key to the transcript to aid computation. If available, attach a school profile that includes a description of the school’s grading methods.

Please list the planned courses or work in progress for this applicant’s junior year at his or her “home” high school. Data and letter grades must be transferred from the student’s official transcript.

JUNIOR YEAR	SUBJECT	SEMESTER 1 GRADES	SEMESTER 2 GRADES
English			
Mathematics			
Science			
Social Studies			
Foreign Language			
Other			
Other			

To be eligible to apply to the Page Program, a student must (1) be at least 16 years old but no older than 17 years of age at any point during the term in which they serve, (2) be a junior, AND (3) have a cumulative 3.0 unweighted GPA in the five core academic subjects. Please indicate if the applicant meets these requirements.

_____ YES _____ NO

The Page School enrollment never exceeds seventy-two students and therefore has a limited curriculum that may not parallel the student’s home school curriculum. Please indicate that the applicant, his or her parents, and your school are aware of these limitations. _____ YES

It is essential to the applicant's eligibility that you tell us what you think best describes his or her academic and personal characteristics. We are particularly interested in the applicant's intellectual ability, personal integrity, adaptability, cooperativeness, relative maturity, and ability to meet the requirements of the Page School. We appreciate your honesty and candor with any information that will help differentiate this applicant from others. Please use an additional sheet of paper to elaborate if necessary.

In comparison with other college preparatory students at your school, the applicant's course selection is (check one):

- Most rigorous available
- Rigorous
- Average
- Below average

Please describe this student's role in your school community.

Has this student ever been involved in any disciplinary action? If yes, please explain.

This report is based on (check one or more as appropriate):

- personal contact counseling contact teacher comments records only

SIGNATURE

DATE

Thank you for your cooperation. Please return the completed form along with an official school transcript, school profile if available, and Form 8 Academic Teacher Recommendation in a sealed school envelope to the applicant for inclusion with his or her application. Please sign or stamp across the sealed area of the envelope. *A separate official transcript should be mailed directly to the Page School (see the second page of this form for the Page School address).*

Form 8: ACADEMIC TEACHER RECOMMENDATION

TO THE APPLICANT: After filling in the information below, give this form to a teacher who has taught, or is currently teaching you an academic subject (English, mathematics, science, social studies, or a foreign language).

Name of Applicant _____

Name of High School _____

Name of principal/advisor/counselor completing **Form 7 School Report**: _____

I waive my right to have access to this recommendation and understand that I will never see it. ___ Yes ___ No

TO THE ACADEMIC TEACHER: This student is applying to the United States House of Representatives Page Program. Please complete this form and return it directly to the school principal, advisor, or counselor listed above who is completing the **Form 7 School Report**.

The United States House of Representatives Page School is a part of the long tradition of educating the Pages who serve Congress. Its students come from across the nation, seeking both an exciting term as Pages on Capitol Hill and a quality education. The school is committed to enhancing this proud history and perpetuating the principles of good citizenship, individual responsibility, and mutual cooperation upon which America and the American government are founded.

The school's education program is an integral part of the Page Program, helping to make it a full and rewarding experience. While the curriculum and activities are much like those of most other secondary schools, the Page School is unlike others in many ways. The primary mission of the House of Representatives Page School is to provide Pages with an educational experience while in transition from and to their home schools. Because virtually all Pages go on to college and university study, the school sets its standards high, expecting the very best of each Page within an honors college preparatory curriculum. We appreciate your professional and candid judgment of this student's ability to be successful in this unique and challenging environment.

Teacher's Name _____ Subject Taught _____

Contact Telephone Number _____ E-mail Address _____

How long have you known the applicant and in what context?

List course(s) you have taught/are teaching this student, noting the level of course difficulty.

Please list the textbook(s) used for the course(s) _____

In your best judgment, how would this student compare to her/his classmates:

No Basis		Below Avg.	Average	Good	Excellent	Outstanding
	INTELLECTUAL ABILITY					
	ACADEMIC ACHIEVEMENT					
	WORK HABITS					
	EFFECTIVE CLASS DISCUSSION					
	WRITTEN EXPRESSION OF IDEAS					
	LEADERSHIP					
	SELF CONFIDENCE					
	INITIATIVE					
	MOTIVATION					
	POTENTIAL FOR GROWTH					
	REACTION TO SETBACKS					
	EMOTIONAL MATURITY					

On the whole, how would you rate this candidate? (Please circle the value you believe appropriate).

7 SUPERIOR	6 VERY GOOD	5 GOOD	4 SATISFACTORY	3 MEDIOCRE	1 VERY POOR
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Dear Teacher: This student is applying to the United States House of Representatives Page Program. Below, or on an attached page, please describe with specific examples whatever you think is important for us to know about this student, including a description of this student's ability to excel. We are interested in the candidate's motivation, relative maturity, integrity, independence, ability to work with others, open mindedness, originality, initiative, leadership potential, capacity for growth, special talents and enthusiasm. We welcome information that will help us to differentiate this applicant from others. We appreciate your candid assessment of this applicant.

Signature

Date

Form 9: APPLICANT AND PARENT(S)/GUARDIAN(S) CERTIFICATIONS

Our signatures below certify that all the information provided by us in this application is complete, factually correct, and honestly presented.

Signed,

Applicant Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date