

# U.S. HOUSE OF REPRESENTATIVES PAGE PROGRAM

SPRING 2011

From \_\_\_\_\_ To \_\_\_\_\_



**CONGRESSIONAL PAGE APPLICATION MATERIALS**

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## PAGE APPLICATION REQUIREMENTS

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### 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 10<sup>th</sup> grade and not yet entered the 12<sup>th</sup> 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 9<sup>th</sup> and 10<sup>th</sup> 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

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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

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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

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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.

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Parent or Guardian Signature

Date

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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.

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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

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**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 \_\_\_\_\_

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### 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

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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

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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).**

<b>7</b> <b>SUPERIOR</b>	<b>6</b> <b>VERY GOOD</b>	<b>5</b> <b>GOOD</b>	<b>4</b> <b>SATISFACTORY</b>	<b>3</b> <b>MEDIOCRE</b>	<b>1</b> <b>VERY POOR</b>
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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

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

Signed,

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Applicant Signature

Date

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date



## Form 10: MEMBER OFFICE CERTIFICATION

**All sponsoring Members' Offices must submit their nominations to the Speaker or Minority Leader, as appropriate, by the 11/15/2010 deadline. FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

I, \_\_\_\_\_, certify that the following applicant has met the  
Member of Congress

criteria for admission into the House Page Program. This certification is based on my or my designee's thorough review of the application and program requirements listed below. I hereby recommend

\_\_\_\_\_ for admission to the House Page Program.  
Page Applicant

\_\_\_\_ Completed Application:

- \_\_\_\_ Personal data form
- \_\_\_\_ Parent/guardian information form
- \_\_\_\_ Extracurricular activities/work experience form
- \_\_\_\_ Personal statement and essay
- \_\_\_\_ Declaration of parent/guardian consent
- \_\_\_\_ Medical information form
- \_\_\_\_ Sealed School Envelope
- \_\_\_\_ Two (2) additional Letters of Recommendation
- \_\_\_\_ Applicant and parent(s)/guardian(s) certifications

\_\_\_\_ Age and 3.0 GPA Requirements Met

\_\_\_\_ Member Letter of Recommendation (addressed to Speaker/Minority Leader)

Signed,

The Honorable \_\_\_\_\_ Member of Congress

Staff Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Room Number: \_\_\_\_\_