



# UNITED STATES CONGRESSMAN VAN TAYLOR CONGRESSIONAL YOUTH ADVISORY COUNCIL

## 2019 - 2020 Congressional Youth Advisory Council Application Instructions

### About the Congressional Youth Advisory Council

The Congressional Youth Advisory Council is a leadership opportunity for high school students in Texas' Third Congressional District to participate in an interactive learning experience and develop leadership skills.

Participation in the Congressional Youth Advisory Council offers students an unmatched opportunity to learn about the federal government, discuss public policy, and interact with their federal representative and congressional staff while serving their community.

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

### Eligibility Requirements

- Must currently reside in the Third Congressional District of Texas. To verify residence, visit [www.house.gov](http://www.house.gov) and enter in applicant's zip code in the box entitled "Find Your Representative".
- Must be enrolled in 9th, 10th, 11th, or 12th grade
- Must be able to attend each of the six separate program events  
*Fall events will take place on Saturday, September 21, Saturday, October 26, and Tuesday November 12. Spring event dates will be announced in December 2019*

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

### Application Process

In order to be considered, completed applications, including all materials detailed below, must be returned in its entirety to Congressman Taylor's Collin County office no later than **September 5, 2019 by 5:00 PM.**

Due to the competitive nature of the program, Congressman Taylor's office is unable to review incomplete or late applications. Complete applications must be submitted directly to:

**U.S. Congressman Van Taylor  
5600 Tennyson Parkway; Suite 275  
Plano, TX 75024**

### Application Checklist

- Application:** Completed in its entirety;
- Personal Statement Essay:** Briefly tell us about yourself by providing a personal statement essay limited to 250 words. Discuss your interests, goals for the future, what you hope to achieve if chosen for CYAC, etc. Limit to one page
- Current photo of applicant (for identification purposes only);
- Letters of recommendation (2) accounting for applicants' character and interest in public service
  - Letters should be sealed by the recommender and signed across the seal. These letters should not be written by immediate family members.

## 2019 - 2020 Congressional Youth Advisory Council Application

<b>INFORMATION</b>			
<i>Please complete electronically or print in pen.</i>			
Last Name:	First:	Middle:	Email Address:
Street Address:		P.O. Box:	Home Phone Number:
City:	State: TX	Zip:	Cell Phone Number:
Date of Birth:	Grade for 2019/2020 School Year:	<i>If over 18</i> , registered to vote:    Yes    No	
Name of High School:		ISD:	Cumulative GPA: Scale:
Have you previously applied to the Congressional Youth Advisory Council?		Yes    No	<i>If yes</i> , date:
Have you previously served on the Congressional Youth Advisory Council?		Yes    No	<i>If yes</i> , date:
Has a family member previously served on the Congressional Youth Advisory Council?		Yes    No	<i>If yes</i> , date:
List all clubs and activities, including any leadership positions:			
If selected, what topics would you like to discuss at 2019-2020 CYAC meetings?			
Do you have any relatives who are in public service, serve on public boards/commissions, or are/were in the military? <i>(if yes please list)</i>			

### 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.*

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 Congressman Van Taylor's Collin County office no later than September 5, 2019 by 5:00 PM via email to Cole.Moore@mail.house.gov or mailed to:**

**U.S. Congressman Van Taylor  
5600 Tennyson Parkway; Suite 275  
Plano, TX 75024**



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## 2019 - 2020 Congressional Youth Advisory Council Letter of Commitment

**If you are selected as a participant for the 2019 – 2020 CYAC program, the commitments required to graduate are full attendance, completion of assignment, and participating in activities (please initial verifying the ability to meet each commitment):**

- Attend ALL meetings, including:
  - First Meeting: Saturday, September 21, 2019\*
  - Second Meeting: Saturday, October 26, 2019\*
  - Third Meeting: Tuesday, November 12, 2019 (evening)\*
  - Three Spring meeting dates which will be announced in December 2020
- Complete assignments and submit on time
- Frequently check your email and participate in email activities as necessary

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

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

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



**Liability Release Form**

**To: Office of Congressman Van Taylor**

**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 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.*

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