

**UNITED STATES SENATE YOUTH ALUMNI ASSOCIATION**  
**Application Cover Sheet and Personal Statement Instructions**  
**Rosalie Wynn and George Randolph Hearst, Sr., Alumni Scholarship**

**Instructions:** For applications to be considered by the Scholarship Selection Committee, they must be sent via e-mail in PDF form to *program\_director@usyaa.org*. If your academic institution or letter of reference writer requires that the document remain unopened and/or unseen by you, please request such documents be e-mailed directly to *program\_director@ussyaa.org* with a subject line including your name, state, and year.

Name: \_\_\_\_\_ State & Year (e.g., CA 1990): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Educational Background** (Please identify all post-secondary institutions attended, dates of attendance, and degree received, if any):

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**Personal Statement:** In three (3) pages or less (double-spaced), please describe: (a) the graduate studies program you are pursuing; (b) what your career goals are in connection with the academic program; (c) how receipt of a USSYAA Scholarship will assist you in achieving these career goals; (d) how your graduate studies and public service are connected. You may include any additional information you believe is pertinent to the Scholarship Committee's consideration of your application.

**Submission:** The United States Senate Youth Alumni Association prefers that application materials be e-mailed to the Program Director at *program\_director@ussyaa.org*. If this is not possible, please send a complete package of materials to the address below:

**Victoria Cundiff**  
Director of Alumni Programs  
U.S. Senate Youth Alumni Association  
P.O. Box 1798  
Washington, DC 20013-1798

*Neither the USSYAA nor this Scholarship Program are associated with the  
William Randolph Hearst Foundations and their United States Senate Youth Program*

**UNITED STATES SENATE YOUTH ALUMNI ASSOCIATION**

**Permission and Release - Person in Photographs and Recordings**

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2. I understand and acknowledge that the USSYAA owns the copyright and all other rights in and to such photographs and recordings and that I will not receive any compensation for the use or re-use of my appearance in the photographs or recordings. I also hereby release USSYAA from any claims and demands arising out of or relating to the photographs, including, but not limited to, claims for or relating to defamation, violation of privacy, confidentiality, copyright or otherwise.

3. This Authorization and Release shall inure to the benefit of USSYAA, its affiliates, and their respective directors, officers, agents, and employees, when acting in their official capacities for or on behalf of the organization, and to persons, firms, or corporations affiliated with, licensed by or contracting with USSYAA, and their heirs, executors, administrators, successors or assigns.

4. I am executing this release based on the express representation and with the understanding that there is no intention on the part of USSYAA or its agents to use any photograph or recording of me in such a manner as to hold me, my family or my heirs up to public ridicule or scandal.

5. I represent that I am over the age of twenty-one and have the right to sign this release and that I have read the foregoing and fully understand the content thereof. If I am less than twenty-one years of age, my parent or legal guardian has consented to the terms of this release on my behalf.

**REVIEWED AND AGREED BY:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address (print): \_\_\_\_\_

Phone (print): \_\_\_\_\_

**If the person appearing in the Photograph(s) is under the age of 21, his/her parent or legal guardian must sign this release.**

I represent that I am the parent or legal guardian of \_\_\_\_\_ [print minor's name], that I have read and fully understand the contents of this Agreement, and that I consent to this Agreement on behalf of \_\_\_\_\_ [print minor's name].

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Parent's Address (print): \_\_\_\_\_

Parent's Phone (print): \_\_\_\_\_

Parent's Email (print): \_\_\_\_\_

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