



CONGRESSWOMAN
BETH
VAN DUYNE
REPRESENTING THE 24TH DISTRICT OF TEXAS

2023 – 2024 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 six separate program meetings, three each academic semester.
 - Fall meetings will take place on the following **Saturdays, September 30, October 14, and November 18.***
 - Three (3) Spring meeting dates will be announced in December 2023.

**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 **September 22, 2023 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
14951 Dallas Pkwy, Suite 830
Addison, Texas 75254**

**Or via email to Rachel.Garcia@mail.house.gov
Application Checklist**



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_____ **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.
- These letters should **not** be written by immediate family members.
- **Letters should be sealed by the author and signed across the envelope seal for submission to ensure it has not been opened/altered.**
 - The author may also email their letter directly to Rachel.Garcia@mail.house.gov as an attached PDF.
 - Please ask the authors of your letters of recommendation to physically sign their letter, no digital signatures.

_____ **Current Photo of Applicant:** For identification purposes only.



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2023 – 2024 Congressional Youth Advisory Council Application

Please complete electronically or print clearly in pen.

INFORMATION				
Last Name:		First Name:		Middle Initial:
Street Address:			Home Phone Number:	
City:	State:	Zip:	Cell Phone Number:	
Mailing Address (if different):				
Email:			Date of Birth:	
Parent or Guardian Name(s):				
Parent Email:			Parent Phone (Work or Cell):	
Grade for 2023/2024 School Year:			If over 18, 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 If yes, date:
Have you previously served on the Congressional Youth Advisory Council?			Yes	No If yes, date:
Has a family member previously served on the Congressional Youth Advisory Council?			Yes	No If yes, date:
List all clubs and activities, including any leadership positions:				
If selected, what topics would you like to discuss at 2023-2024 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.				



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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 September 22, 2023 by 5:00 p.m.

Please submit completed applications directly to:

**U.S. Congresswoman Beth Van Duyne
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14951 Dallas Pkwy, Suite 830
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2023 – 2024 Congressional Youth Advisory Council Letter of Commitment

If you are selected as a participant for the 2023 – 2024 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, September 30, 2023*
- Second Meeting: Saturday, October 14, 2023*
- Third Meeting: Saturday, November 18, 2023*
- Three (3) Spring meeting dates, which will be announced in December 2023.

_____ Complete assignments and submit by the deadlines.

_____ Frequently check your email for updates and reminders regarding CYAC.

- Please add Rachel.Garcia@mail.house.gov to your email address book to prevent emails from our office going to your spam folder.

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

Participant Name: _____

Participant Signature: _____ Date: _____



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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: _____