OFFICE OF SENATOR LAMAR ALEXANDER
U.S. SENATE PAGE PROGRAM APPLICATION

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Please Type or Print. Do not reproduce or alter this form in any way.

FULL NAME:_____
First Middle Last

LEGAL ADDRESS IN TENNESSEE: _____

_____

EMAIL ADDRESS: _____

PHONE: _____**CONGRESSIONAL DISTRICT:** ____ **COUNTY:** _____

DATE OF BIRTH: _____ **PLACE:** _____

SOCIAL SECURITY NUMBER: _____ **MALE OR FEMALE** *(circle one)*

NAME OF HIGH SCHOOL: _____ **GRADE**: _____

FATHER'S NAME AND PHONE: _____

OCCUPATION: _____ **EMPLOYER:** _____

MOTHER'S NAME AND PHONE: _____

OCCUPATION: _____ **EMPLOYER:** _____

INTERESTED IN SPRING, SUMMER, OR FALL PAGE PROGRAM? *(circle one)*

EXTRA CURRICULAR ACTIVITIES: *(Give high school grade during which you participated.)*

____ Student Gov't President
____ Other Student Gov't Office
____ Class Officer
____ SADD, DARE, etc.
____ Debate Team
____ Academic Team
____ Eagle Scout
____ Boy Scout
____ Girl Scout
____ Key Club
____Church Club
____Language Club
____Co-Ed Y Club
____ KUNA, KYA
____ National Honor Society
____ FCA
____ Science Club
____ Newspaper
____Yearbook Staff
____ JR ROTC
____ JR ROTC Officer
____ School Chorus
____ Future Farmers
____ School Band
____ Boy State or Nation
____ Girls State or Nation

ADDITIONAL EXPLANATION OF EXTRA CURRICULAR ACTIVITIES: *(if applicable)*

_____

_____

_____

_____

ATHLETIC PARTICIPATION: *(if applicable)*

_____

_____

_____

_____

ARE YOU CURRENTLY EMPLOYED?____ if yes,WHERE_____
& HOURS PER WEEK: AFTER SCHOOL _____ SUMMER _____

_____
SIGNATURE & DATE