

U.S. SENATE PAGE APPLICATION
OFFICE OF SENATOR DANIEL K. AKAKA

Name: _____ Date: _____

Address: _____

Telephone: _____

ACADEMIC INFORMATION
(Schools attended)

<u>School</u>	<u>Address</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current GPA: _____

School/Community Activities:

Session Requested

Early September through Mid-January

Mid-January through Mid-June

*First Summer Session

*Second Summer Session

**Summer sessions are three to four weeks depending on legislative calendar*

References: (list names, addresses and phone numbers of 3 people who are not related to you)

Name: _____

Address: _____

Occupation: _____

Telephone: _____

Name: _____

Address: _____

Occupation: _____

Telephone: _____

Name: _____

Address: _____

Occupation: _____

Telephone: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT MAY BE USEFUL; A STATEMENT OF YOUR REASONS FOR YOUR INTEREST IN PARTICIPATING IN THE U.S. SENATE PAGE PROGRAM, A COPY OF YOUR HIGH SCHOOL TRANSCRIPTS, AND LETTERS OF RECOMMENDATION FROM THREE OF YOUR HIGH SCHOOL TEACHERS.

Applications and all requested information must be mailed to:

Senator Daniel K. Akaka
P.O. Box 50144
Honolulu, HI 96850