



2026 Congressional Youth Advisory Council

The Congressional Youth Advisory Council (CYAC) is a leadership opportunity for high school students in the 7th Congressional District of Georgia 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 7th Congressional District of Georgia 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 separate program meetings for each academic semester.
 - **Spring 2026:** 5:00 pm EST on Monday, January 5, 2026
 - **Summer 2026:** 5:00 pm EST on Friday, May 1, 2026
 - **Fall 2026:** 5:00 pm EST on Friday, September 11, 2026

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

All application items are due via website or via email to lizzie.orr@mail.house.gov

Incomplete or late applications will not be reviewed

For your application packet to be considered complete, please follow the process outlined here.
Please submit completed application as a PDF via email or mail.

Option 1: Please name the document files as designated in the parenthesis below:

Last Name, First Name_ Application_ Summer, Fall, or Spring

Option 2: Please email completed applications to the CYAC coordinator Lizzie Orr at Lizzie.orr@mail.house.gov .



If you have any questions regarding this process, feel free to contact Lizzie Orr in the Georgia District Office at 770-232-3005 or by email at lizzie.orr@mail.house.gov.

Application Checklist

_____ **Application:** Completed in its entirety.

○ Application

- Certification of Application
- Letter of Commitment
- Photo Release Form & Photo
- Resume
- Personal Statement
- 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. **Please limit your resume to no more than two (2) pages.** *Any additional pages will not be considered during the review process.*

_____ **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. **That is the only letter of recommendation I want from your school.**
- Provide **one** of the letters from an employer, a mentor, a family friend, etc.
- These letters should **not** be written by immediate family members.
- Please ask the recommender to physically sign their letter, no digital signature.
- Letters of recommendation can be submitted in the following ways.
 - Directly from the recommender.
 1. Emailed – The letter can be emailed to Lizzie Orr at lizzie.orr@mail.house.gov. Please name the document the following:



Recommender Last Name, Recommender First Name_[Name of Student]

2026 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 2025 School Year:			If over 18, registered to vote: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of High School:		ISD:		Cumulative GPA: Scale:
Have you previously applied to the Congressional Youth Advisory Council?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date:	
Have you previously served on the Congressional Youth Advisory Council?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date:	
Has a family member previously served on the Congressional Youth Advisory Council?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date:	
List all clubs and activities, including any leadership positions:				
If selected, what topics would you like to discuss at 2025 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.				



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 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: _____

2026 Congressional Youth Advisory Council Letter of Commitment

If you are selected as a participant for the 2026 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, unless absence approved by CYAC Coordinator**
_____ **Complete assignments and submit by the deadlines.**

_____ **Frequently check your email for updates and reminders regarding CYAC.**
○ **Please add elizabeth.orr@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: _____

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 Congressman Rich, 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 Congressman Rich McCormick, 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 Congressman Rich McCormick

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: _____