

Lugar Series Next Generation Application

| First Name: | Last Name: |
|-------------------------------------------------------------------------------|------------------------------------------|
| Home Address, City, State, Zip: | |
| Age and Grade Level: (must be 13-18 years old) School: | |
| What political party do you identify with? | Republican Democrat Independent Not Sure |
| Do you have any campaign or public service experience? If so, please explain. | |
| What changes do you think need to take place in your community/ our state? | |
| Local Newspaper: | |
| Special Requirements/ Dietary Restrictions: | |
| Parent/Guardian Name: | |
| Email Address: | |
| Day of Emergency Contact: Name, Relationship, & Phone Number | |

Please submit completed applications to the Lugar Series at lugarseries@gmail.com no later than Monday, March 20, 2025.