

Future Leader Summer Leadership Academy June 10– June 21, 2019

PROGRAM OVERVIEW: *The YWCA Metro St. Louis is an organization committed to the mission of eliminating racism and empowering women. The Future Leader Program is dedicated to empowering young women, acknowledging their leadership skills and providing opportunities for them to strengthen their leadership capacity. Through the Future Leaders Program we want to be a catalyst in building the next generation of leaders. The Summer Leadership Academy is a component of the Future Leader Scholarship Program. Young ladies who are emerging seniors (juniors at the time of applying) must attend the leadership academy to be considered.*

Selection Process

- Female students who are currently 9-11th grade, (will be 10th, 11th or 12th grade in 2019/20).
- Must have a cumulative GPA of 2.7 on a 4.0 scale. Transcript must be current and reflect GPA
- Applicants must be able to show proven leadership potential, community service, and extra-curricular involvement.
- Applicants must participate in the two week leadership academy to be held June 10-21, 2019. Scholarship recipients receive points for their participation and will be eligible for scholarship in their junior-senior year.

Application Process:

The application must include:

- All completed components of the application.
- Essay (300 words), responding to the essay statement.
- Two letters of recommendation from the following: 1) School counselor, teacher or administrator, 2) Community representative with whom you have done community service within the past 4 years (*may be church or religious org, Girl Scouts or other organization not connected to school. If school it must be a school group or club that does community service for the community.*)
- Copy of current school transcript showing GPA, current grade (i.e. 11th grade)

PROGRAM DATES: June 10 – June 21, 2019

PROGRAM LOCATION:

YWCA Phyllis Wheatley Heritage Center
2711 Locust Street
St. Louis, MO 63103

PROGRAM HOURS: 9:00am – 4:30pm, M-F

REGISTRATION DEADLINE: Wednesday, May 31, 2019

Mailing address: YWCA Metro St. Louis

3820 West Pine
St. Louis, MO 63108

Attn. Future Leader Program

Email: icasey@ywcastlouis.org FAX: 314 531-5008

Questions: 314 531-1115, ext 5274

PARTICIPANT INFORMATION

NAME: Last First Middle Initial

Age Birth Date (month/day/year) Grade 2019-2020

ADDRESS: Street/P.O. Box

ADDRESS: City State Zip Code Country

PHONE NUMBER (With area code) Home Phone Cell Phone

EMAIL

PARENT/GUARDIAN INFORMATION

NAME (Parent/Guardian 1): Last First Relationship to Applicant

ADDRESS: Street/P.O. Box

ADDRESS: City State Zip Code Country

HOME PHONE (With area code) CELL PHONE EMAIL

EMPLOYER OF PARENT/GUARDIAN 1 POSITION

NAME (Parent/Guardian 2): Last First Relationship to Applicant

ADDRESS: Street/P.O. Box

ADDRESS: City State Zip Code Country

HOME PHONE (With area code) CELL PHONE EMAIL

EMPLOYER OF PARENT/GUARDIAN 2 POSITION

SCHOOL INFORMATION

SCHOOL NAME:

SCHOOL ADDRESS: Street/P.O. Box

SCHOOL ADDRESS: City State Zip Code

Grade (2019/20) _____ Note: **Must be 10th, or 11th, or 12th grade for the 2019/20 school year.**

ADDITIONAL INFORMATION

Please indicate your race/ethnicity. (Please check all that apply):

African-American Asian Bi-Multi-Racial Caucasian
 Hawaiian/Pacific Islander Hispanic/Latino Native American/Alaskan Native
Other: _____

Religious Preference: Catholic Jewish Muslim Protestant
 Mormon Latter Day Saints Non-Denomination Other N/A

Preferred Language: English Spanish Other

Unique Attributes/Special Accommodations: _____

How did you learn about the program? (Please check all that apply):

School Counselor/Teacher Friend/Peer Parent/Guardian YWCA Staff
 YWCA Website Internet/Google Search Facebook Twitter Other: _____

YWCA Future Leader Summer Leadership Academy



Release and Authorization for Liability, Transportation, Representation, and Medical Emergency

Disclaimer and Release from Liability

I, _____ understand that as a participant in the YWCA Metro St. Louis Future Leaders Academy the nature of activities may involve physical activity, contact with unfamiliar people, and other potential risks. As the parent/guardian of the above named, I hereby assume the risk for any accident or injury, to person or property, which my child may sustain in conjunction with her participation in the program. In addition, I hereby release and discharge the YWCA and any of its directors, officers, employees, affiliates, or successors from any and all liability and responsibility for such action or injury. I understand that this release applies to all aspects of my child's participation during program hours, including but not limited to: time spent in transit to and from program-related activities, during program hours, field trips, excursions, and other program activities.

Parent/Guardian Signature: _____ Date: _____

Transportation Permission and Release

I understand that in an effort to provide the most valuable learning experience for participants, and to support the fulfillment of the expectations of this program, the YWCA Metro St. Louis will be providing transportation within the scope of the program for my child. I understand that transportation methods may include but are not limited to: riding with program staff and other staff/participants in an organizationally owned and operated vehicle, riding with staff/participants in chartered busses or vans, and/or with program participants, and accompanying staff in a publicly operated vehicle (i.e. metrolink, city busses). I understand that all staff responsible for driving students are required to have a valid Missouri Driver's license and proof of current insurance on file. In addition, I acknowledge that every YWCA employee undergoes annual background checks and clearances to ensure the safety of its employees and the individuals served.

I further understand that it is the responsibility of each participant and her parent or guardian to arrange for transportation to and from the program. The Program is located at the YWCA Phyllis Wheatley Heritage Center, 2711 Locust Street, St. Louis, MO 63103.

As such, I give my permission for my child to be transported as needed to support the fulfillment of the program as well as to support a quality experience. In addition, I hereby release and discharge the YWCA and any of its directors, officers, employees, affiliates, or successors from any and all liability and responsibility for such action or injury as may result from any transportation provided in relationship to her participation with the YWCA.

Parent/Guardian Signature: _____ Date: _____

Authorized Persons to Transport Permission and Release

My child has my consent to drive, carpool, use public transportation and/or walk to/from the Emerging Entrepreneurs Summer Institute.

Yes No Parent/Guardian Initials: _____

Persons authorized to transport your child to/from the program other than Parent/Guardian.

Name	Phone Number	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____

Representation Release

I further agree that my child's picture, name and/or representation may be used for promotional media including participant and volunteer recruitment efforts, program and agency promotion, and any other agency related purpose.

Parent/Guardian Signature: _____ Date: _____

Medical Emergency/Health Authorization & Release

In case of a medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to YWCA staff and/or other agents of the YWCA to take the necessary actions to respond appropriately to the emergency. I understand that I am responsible for any medical expenses that may be incurred.

Physician's Name: _____ Phone: _____

Preferred Hospital (Name/Address): _____

Does your child have any health conditions (medical, physical, etc.) that we should be aware of?

Yes No If yes, please explain: _____

Does your child have any known allergies? Yes No If yes, please explain: _____

List any medications: _____

Does your child have any special dietary needs? Yes No If yes, please explain: _____

Emergency Contact Information

Name	Phone Number	Relationship to Participant
1. _____	_____	_____
2. _____	_____	_____

Parent/Guardian Signature: _____ Date: _____

YWCA YW-Teens Programs Participant Rights and Responsibilities



As a Participant, you have the **right** to:

- Receive services in a non-discriminatory manner.
- Consistent enforcement of program rules and expectations.
- Express and practice religious and spiritual beliefs freely.
- Be treated with courtesy and respect at all times.
- Request to review your file.
- Refuse any service and be informed about the consequence of such refusal, which can include discharge.
- Receive information regarding program fees prior to service.
- Contact program staff with any questions or concerns.

As a Participant you have the **responsibility** to:

- Provide relevant information as a basis for receiving services and participating in service decisions.
- Treat others (peer, staff, and volunteers) with courtesy and respect at all times.
- Attend scheduled program classes/sessions.
- Communicate to program staff if you are unable to attend.
- Participate in program activities, discussions, etc.
- Complete assignments; individual and group.
- Comply with dress code, when required for special events.

Client Signature

Date

Parent/Legal Guardian Signature

Date

YWCA Program Staff Signature

Date

YWCA Prevention and Education - Informed Consent



I, _____, hereby apply for and give consent to receive services provided by the staff/volunteers of the YWCA St. Louis YW-Teens Program. I understand that the focus in YW-Teens Programs is to provide educational, supportive, and preventive services to improve emotional well-being, promote self-sufficiency, personal growth, and development. I agree to the following conditions:

1. **Voluntary Participation/Discontinuation of Services:** My participation in services is voluntary and I can stop at any time without penalty. You will be expected to participate in services to the best of your ability. You may refuse to participate in any activity or discussion without penalty. If the program staff decides to terminate services, an explanation will be given. The first few classes/sessions may be used to determine whether the YWCA is the most appropriate program for the client to receive services. In some cases, program staff may recommend that another agency or provider may better suit the clients' needs.
2. **Program Outcomes:** Program staff cannot guarantee results. Progress during classes/sessions is related to client efforts, such as consistency of attendance, motivation for learning and attention to information, lessons, and recommendations focused on reaching desired program goals.
3. **Confidentiality:** Information shared in classes/sessions between the client and program staff is confidential and will not be discussed by program staff with anyone without your written consent except under the following situations:
 - If I tell program staff that I intend to harm or kill myself or anyone else, the staff has a duty to report to the authorities and warn any person or persons that I said I plan to harm.
 - If you disclose abuse/neglect, program staff are by law required to report the abuse to the proper authorities. Persons working with vulnerable populations such as children and youth are mandated by Missouri State Statute to report all forms of suspected abuse or imminent danger of harm to self or others.
 - Your situation may be discussed with other professional staff or with the supervisor of the program staff. Consultation is considered a benefit to you and program staff to get the opinion of other professionals to ensure quality of care and services. Supervisors and other professionals are bound by ethics codes and rules of confidentiality.
 - If the program staff is under court order to disclose information.
 - If you sign a release of information form for another party to receive information.
 - Periodically, files may be reviewed by an external entity performing audits on our services. These reviewers are obligated to respect confidentiality procedures on any participant data they review.
4. **Fees:** All YW-Teens Programs (Girls Circle, Future Leaders and Emerging Entrepreneurs) are provided at no charge to clients.
5. **Dismissal:** Any client who, after attempts have been made to meet the client's individual needs, demonstrates the inability to benefit from the provision of services, or whose presence is detrimental to self, others and staff, may be dismissed from the YW-Teens Program.
6. **Grievance Policy:** Questions or concerns that I or my parent/guardian have about services should be discussed with program staff. If after discussing the concerns or issues with program staff you still are not satisfied, you may submit a complaint to the youth division director. The client or parent/guardian can file a grievance with the youth division at (314) 531-1115, ext. 5274 or icasey@ywcastlouis.org or YWCA Metro St. Louis, Attn: Youth Division, 3820 West Pine Boulevard, St. Louis, MO 63108.
7. **HIPAA:** The Health Insurance Portability and Accountability ACT (HIPAA) is a federal law on health information privacy protections, effective 4/14/03. HIPAA provides additional privacy protections for medical records and establishes patient rights with regard to the use and disclosure of your protected health information. HIPAA requires that we provide you with a notice of privacy practices. Written copies will be given at your request. The law requires that we obtain signatures acknowledging that the YWCA has provided you with this information. Your signature below acknowledges that you have reviewed our policy and have had the opportunity to receive a written copy.

I have read and understand the above conditions of services at the YWCA St. Louis YW-Teens Program. I do voluntarily consent to participate in the provision of services under the conditions explained on this form.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____



APPLICATION CHECKLIST

All of the following items must be completed for consideration. Incomplete applications will not be accepted. All information will be kept confidential. Please be sure to type your answers legibly. You may use additional paper if needed.

Please check to ensure that you have completed and included all of the following items in your application packet.

COMPLETED APPLICATION FORM, TYPED,

- Two recommendation letters: school counselor, teacher, or administrator and community service leader
- School transcript for 2018/19 school year to include most current quarter or semester
- Essay(s), typed
- Signatures (parent/guardian & participant)

Please tell us your residence zip code : _____

If you live outside of the zip codes listed, it will not prohibit your ability to be served by the YWCA.

CERTIFICATION:

I/we certify that the information provided on this application is complete and correct to the best of my/our knowledge.

Signature of Participant _____ Date: _____

Signature of Parent/Guardian 1 _____ Date: _____

Signature of Parent/Guardian 2 _____ Date: _____

Please submit all completed materials together in one complete application package to:

YWCA Metro St. Louis
Attn. Ida Casey, YW-Teens Program
3820 West Pine Blvd.
St. Louis, MO 63108

If you have questions or concerns, please contact Ida Casey via
 Office: 314-531-1115 | Email at icasey@ywcastlouis.org

COMPLETED APPLICATION PACKAGES ARE DUE FRIDAY, MAY 15, 2019

****All forms must be submitted together and received on or by May 31, 2019.***

<i>For Office Use Only</i>			
Reviewed by: _____	Title: _____		
Date Received: _____	Date Processed: _____	<input type="checkbox"/> Application complete	

Future Leader Program Application School and Community Service Activities

The following items must be completed in order for the application to be considered as complete. All information will be kept confidential. Please type information. You may use a separate sheet if needed. Please list any leadership positions for each category.

Community Service (please see definition of community service on front sheet)

Community Organization	Dates of service (from-to)	Service provided/leadership/number of hours (brief description)	Organization leader/supervisor of the service you provided

Extracurricular Activities

Activity	Dates of participation	Please give brief description of activity/leadership	Activity supervisor

Awards/Recognitions

Name of award, honor, recognition	Year received	Reason for receiving	Award given by (school, church, community, etc.)

Hobbies, special talents and interest Please list your special interests, hobbies and/or talents

Hobbies, talents, etc.	Please briefly describe how you became interested in this hobby, talent, or interest

ESSAY Prompt

On a separate sheet, in no less than 300 words, respond to the essay statement: *We have seen in the past several years, students organizing to address and bring attention to issues that they feel affect their lives as teens. Tell about a social issue or concern in your school or community that you have observed, experienced or have knowledge of that has not been addressed and how you would address the issue. If you had to organize a team, who would be on that team? Think in terms of your leadership skills and how you (and your team) can make a difference and become transformative leaders. Please include a list of resources and community people/orgs that you feel should be a part of this effort. List changes, if any, that you feel would be necessary for this project to be transformative or make a difference. This must be an issue that you feel impacts youth (14-19).*