A Youth Program of
J. W. Fanning Institute for
Leadership Development

THIS YOUTH LEADERSHIP PROGRAM AT THE UNIVERSITY OF GEORGIA EXPOSES HIGH SCHOOL STUDENTS TO THE COLLEGE EXPERIENCE AND OFFERS AN ENVIRONMENT OF SAFETY AND BELONGING FOR PARTICIPANTS TO DISCUSS YOUTH AND LATINO COMMUNITY ISSUES

June 28 – July 2, 2015 AND December 5, 2015

APPLICATION INSTRUCTIONS

➢ TO BE ELIGIBLE, A STUDENT MUST:
  • Be a rising high school sophomore or junior.
  • Have a demonstrated interest in building leadership in Latino communities.
  • Commit to design and implement a community service project during the fall semester.
  • Commit to participate in both July and November sessions.

➢ TUITION:
  • Tuition of $325 covers all session lodging, meals, activities, and curriculum materials for the participant while attending Leadership ¡Sin Limites! June 29 – July 2, 2015 plus all meals and curriculum materials for the December 5th 1-day session. Tuition does not cover pre- or post-session lodging or transportation to/from session location.

➢ INSTRUCTIONS
  • Use ONLY this official application form.
  • Complete all forms in application. Use a computer or print in blue or black ink: illegible applications will be disqualified.
  • Answer all questions. Confine your responses to the space provided.
  • Check for correct grammar, spelling, and punctuation.

➢ APPLICATION CHECKLIST (All applications must include the following items)

☐ APPLICATION

☐ ESSAYS

Complete 2 essays. Each one should be 250-500 words (one full page). Write your name at the top of each essay and attach them to this application.

Essay #1 - Describe a challenging issue Latino youth face today.
Essay #2 - Option A – Describe your family upbringing and how it has influenced who you are.
  Option B – Describe a situation in which you played a leadership role and what you learned from the experience.

☐ RECOMMENDATION FORM (in signed, sealed envelope)

This form (attached) must be completed by an instructor or advisor. Write your name at the top, and give your recommender at least two weeks to complete it. Ask the recommender to return the form to you in a sealed envelope with his or her signature written across the seal. Leave the envelope sealed and submit it with your application. Choose a recommender who can address the following:

1) Academic record, plans, and goals
2) Personal strengths including motivation, leadership, and commitment
3) Community service and extracurricular activities
➢ **DEADLINE:** must be postmarked by May 15, 2015

➢ **FOR MORE INFORMATION, CONTACT:**
  - Kate Smith at 706-542-6109 or ksmith@fanning.uga.edu
  - Carolina Darbisi (Spanish) at 706-542-8633 or cdarbisi@fanning.uga.edu

  - Notification letters will be sent in late May.
  - The flyer and application forms are available at www.fanning.uga.edu.

MAIL: (by postmark deadline to):

Leadership ¡Sin Limites!
Attn: Kate Smith
Fanning Institute for Leadership Development
University of Georgia
1240 South Lumpkin Street
Athens, Georgia 30602
APPLICATION

PERSONAL INFORMATION
1) First name: ______________________________________ Last name: _________________________________
   Preferred name for name badge: _____________________ 2) Birth date: ________________________________
3) Address: ___________________________________________________________________________________
   City, ST Zip: _____________________________________ County of residence: __________________________
4) Cell phone: ______________________________________ Home phone: _______________________________
5) Email: _____________________________________________________________________________________

6) Grade in fall 2015: _________________________________ 7) High School: ______________________________
8) T-shirt Size:  □ S  □ M  □ L  □ XL  9) Gender:  □ M  □ F
    Cell phone: ______________________________________ Cell phone: _______________________________
    Email: __________________________________________ Email: _____________________________________

EDUCATIONAL GOALS
1) What do you plan to do upon graduating from high school? ____________________________________________
   ____________________________________________________________________________________________
2) If you have thought about continuing your education, list the colleges or universities where you would like to enroll:
   A) Institution: _________________________________ City, ST: _________________________________
   B) Institution: _________________________________ City, ST: _________________________________
   Desired Career: ____________________________________________________________________________

COMMUNITY SERVICE / VOLUNTEER ACTIVITIES / EMPLOYMENT
1) List any activities you have participated in (e.g. babysitting, clubs, or sports). If list exceeds the allotted space, feel free to attach an extra sheet. If you have been unable to volunteer, please use space provided to explain why.
   ➢ Activity/Organizations Your Role/Position From/To (mm/yy) Hrs. per week
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

2) Do you work during the school year?  □ Yes  □ No
   Name of Business/Organization _________________________________________________________________
   What are your primary duties? _________________________________________________________________
APPLICATION

REQUIRED APPLICANT CERTIFICATION AND RELEASE OF INFORMATION (read and sign below)

• I certify that all information on this application is true and complete to the best of my knowledge.
• I certify that I meet all eligibility requirements as specified in this application.
• I understand that if selected it is mandatory that I attend both sessions at the University of Georgia:
  ▪ Session 1: June 28 – July 2, 2015 (Sunday through Thursday)
  ▪ Session 2: December 5, 2015 (Saturday)
• I understand it is mandatory that I complete a community service project (August – December, 2015).
• I hereby authorize Leadership ¡Sin Limites! (LSL) to share/publish my application for the purpose of evaluation, recruitment, public relations, possible scholarship and internships opportunities, or any other related activity. Financial assistance information will be redacted prior to any distribution outside the Leadership ¡Sin Limites! Selection Committee.
• I understand that I must notify Leadership ¡Sin Limites! (LSL) of any change in my address/contact information.

1) Applicant’s name: ____________________________________________________________
   Signature: ___________________________________________ Date: ____________________

2) Parent/Guardian’s name: ______________________________________________________
   Signature: ___________________________________________ Date: ____________________
Applicant's Name: ___________________________________________________________________________

The student named above is applying to the Leadership ¡Sin Limites! (LSL) Youth Program at the University of Georgia. This evaluation and the applicant's essays are critical components in our decision. Please complete both parts of this form, and return it to the student in a sealed envelope with your signature across seal.

The student must submit all application materials by the postmark deadline: May 15, 2015.

NOTE: If the recommender is initiating the application for a student, state why you think this student merits consideration for Leadership ¡Sin Limites!

PART 1: RECOMMENDER INFORMATION

1) Name: ______________________________________ Professional Title: ________________________
2) Institution/Company: __________________________________________________________________
3) Institution Address (or personal if not institution): ________________________________________________
   City, State: ___________________________________________ Zip Code: _______________________________
4) Phone: ___________________________ 5) Email: _____________________________
6) How do you know the applicant? _____________________________________________________________
7) How long have you known him/her? □ <1 yr. □ ≈1 yr. □ <2 yrs. □ 2± yrs.
8) How well do you know him/her? □ Casually □ Fairly well □ Well □ Very well

PART 2: WRITTEN EVALUATION

In an attached letter, please describe specific instances of abilities, skills, and attributes, including any limitations as well as strengths, for the following areas:

• Academic habits (e.g. challenges oneself, manages time well, utilizes academic support networks)
• Leadership (e.g. ability to lead & motivate others)
• Motivation & long-term goals (e.g. sets realistic goals & develops strategies for completing them)
• Self-awareness / self-concept (e.g. understanding of personal strengths & weaknesses)
• Community involvement (e.g. family, school, community, or extracurricular activities)

Recommender's signature: _______________________________ Date: ________________

Thank you for your assistance. More information on Leadership ¡Sin Limites! is available at www.fanning.uga.edu.