



Youth Leadership Institute  
*Serving Latino Youth/Building Latino Leadership*

### **2010 – 2011 APPLICATION CHECKLIST**

- [ ] Has the student and parent/guardian read and do they understand the application packet?
- [ ] Has the student thoroughly completed the application?
- [ ] Has the parent/guardian provided required information including household and income?
- [ ] Are all documents legible and understandable?
- [ ] Have you thoughtfully completed your typed answers to ALL essay questions?
- [ ] Have you provided 2 (two) letters of reference as required?
- [ ] Have you and your parent/guardian signed the Commitment to Participate?
- [ ] Has student and parent/guardian signed the consent forms (media release and access to academic records)?

All sessions will be held in the Greater Phoenix Area. You will be notified of the location once you are accepted into the program. Please call if you have any questions. We want to help YOU succeed.

If you have questions, please contact us at [info@aguilayouth.org](mailto:info@aguilayouth.org) or at (602) 518-0612.

#### **When completed mail your application to:**

**AGUILA Youth Leadership Institute**  
3030 N. 3<sup>rd</sup> Street, Suite 970  
Phoenix, Arizona 85012

# 2010-2011 APPLICATION

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
P.O./Street Address City Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Female: \_\_\_\_ Male: \_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER  
(or GUARDIAN) : \_\_\_\_\_

MOTHER  
(or GUARDIAN): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest level of Education: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student resides with:  Mother  Father  Both Parents  Guardian

How many people currently reside in your family household? \_\_\_\_ Number of Adults \_\_\_\_ Number of Children

Most recent annual household income from all sources (Please include AFDC, Child Support, Alimony, Pensions, etc.).

- |                          |                     |                          |   |
|--------------------------|---------------------|--------------------------|---|
| <input type="checkbox"/> | Under \$10,700      | <input type="checkbox"/> | \$21,000 - \$24,999                       |
| <input type="checkbox"/> | \$10,700 - \$13,899 | <input type="checkbox"/> | \$25,000 - \$28,100                       |
| <input type="checkbox"/> | \$13,900 - \$16,499 | <input type="checkbox"/> | More than \$28,100 (please specify) _____ |
| <input type="checkbox"/> | \$16,500 - \$21,199 |                          |   |

*\* This information is held in strict confidence and is only used for general demographic reporting purposes without the use of names.*

High School: \_\_\_\_\_ City: \_\_\_\_\_ Year of Grad: \_\_\_\_\_

G.P.A. \_\_\_\_ RANK \_\_\_\_ PASSED AIMS: \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ NOT REQUIRED

Favorite Courses: \_\_\_\_\_

List any honors and awards you have received while attending high school:


List any extracurricular and/or sports activities in which you have participated while attending high school:

Extracurricular Activities (only those you hold leadership position in)	Sports Activities

**EMPLOYMENT**

List current and/or previous paid and/or volunteer position(s) held during high school (babysitting and yard work may be included). If you were employed more than twice, please list on a separate sheet and attach to the application.

**Name of Employer:** \_\_\_\_\_ **Business #:** \_\_\_\_\_

**Manager/Supervisor & Title:** \_\_\_\_\_ **Hours worked per week:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Address City State Zip Code

**Position Held:** \_\_\_\_\_ **Dates Employed:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Responsibilities:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Business #:** \_\_\_\_\_

**Manager/Supervisor & Title:** \_\_\_\_\_ **Hours worked per week:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Address City State Zip Code

**Position Held:** \_\_\_\_\_ **Dates Employed:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Responsibilities:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Business #:** \_\_\_\_\_

**Manager/Supervisor & Title:** \_\_\_\_\_ **Hours worked per week:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Address City State Zip Code

**Position Held:** \_\_\_\_\_ **Dates Employed:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Responsibilities:** \_\_\_\_\_



**RECOMMENDATION FORMS:**

Two (2) completed Student Recommendations are required that speak to the student’s abilities, accomplishments and qualities that would make her/him a successful AGUILA participant.

Recommended Evaluators could be a: Teacher; An individual in the community; or Professional, employer, counselor, principal, etc.

**COMMITMENT OF PARTICIPATION:**

All applicants and their parent(s)/guardian(s) are required to sign a *Commitment of Participation*. By signing this commitment the applicant agrees to the terms of acceptance into the program which include: attendance and participation in all activities; participation in service-learning projects; exhibit appropriate behavior, positive attitude, respect for self and others. Additionally, parents and/or guardians must also agree to participate in parent support sessions that provide a web of support in assuring the success of their child and meet with AGUILA staff regarding the progress of their child.

I \_\_\_\_\_ agree to the requirements of AGUILA set forth in this application and understand that my completed application and my signature are evidence of my commitment to participate fully in the AGUILA program and most importantly, a commitment to myself and my success.

\_\_\_\_\_  
Applicant \_\_\_\_\_  
Date

I/We as Parent(s)/Guardian(s) of \_\_\_\_\_, am/are aware of my/our child’s desire to participate in the AGUILA program. I/We am/are familiar with the expectations of the program and have spoken with my/our child with regard to the participation and commitment requirements. Further, I/We understand and agree to the participation requirements I/We must fulfill to ensure the success of \_\_\_\_\_. I/We consent to and agree to fully support my/our child’s participation in AGUILA Youth Leadership Institute.

\_\_\_\_\_  
Parent (Guardian) \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (Guardian) \_\_\_\_\_  
Date

**Consent**

Applicant must initial each box and parent/guardian must provide signature to indicate consent has been given.

**Media Release:** I hereby grant this program permission to record my child/ward’s likeness and/or voice for use by television, films, radio, or printed media to further the aims of this program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

**Consent to Access Academic Records:** I authorize and permit the staff of this program to view and make copies of academic records and/or transcript(s) for purposes related to operating and studying the programs, activities and to utilize in assisting my child/ward in the college preparation process.

Parent Signature: \_\_\_\_\_ Applicant Initials: \_\_\_\_\_

**Guidelines:**

- AGUILA Youth Leadership Institute has a STRICT attendance requirement at all sessions as well as special activities that contribute to the success of the student. In addition students will be exposed to college level courses and participate in field trips related to the college planning process. An outside job, classes, sports that are in direct conflict with AGUILA sessions are strongly discouraged and is only rarely permitted. Family events, vacations and outings must be carefully considered and planned in a manner that does not conflict with AGUILA scheduling. It is important to respect the time and commitment from staff, volunteers and speakers – arriving late to a session is frowned upon and excessive tardiness will be reviewed with a student and parents. Continued tardiness will result in dismissal from the program.
- AGUILA reserves the right to remove students from the program at any time for misconduct or noncompliance with policies and procedures.

Parent Signature: \_\_\_\_\_ Applicant Initials: \_\_\_\_\_

I certify that I fully understand the above guidelines and that the information given in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date