



ULI APPLICATION 2024

Sponsor Agency: Safe Schools Mohawk Valley
110 Lomond Court
Utica, NY 13501

Program Location: TBD

Dates: Monday, August 19 to Friday, August 23, 2024

Times: 9:00 a.m. – 3:00 p.m.

Congratulations on being nominated to attend the 2024 Urban Leadership Institute! Being nominated highlights your respect for yourself, your friends, your family, your community, and your willingness to accept leadership and promote other young people to have a voice in life! Challenge yourself to become a leader!

Scholarships are given to all who are accepted to the Institute. **Space is limited!** Please complete this application and return it as soon as possible. On receiving this scholarship, you are required to attend all 5 days and are responsible for your own transportation to the location, unless otherwise noted in your acceptance letter. Scholarships include all activities and lunch each day.

Please return applications to: Safe Schools Mohawk Valley, 110 Lomond Court Utica, NY 13502 **OR**
FAX: (315) 735-7525 **OR** email to dnelson@ssmv.org **OR** via Microsoft Form.

Please answer the following questions as completely as you can

(Attach additional sheets if needed)

What activities are you involved in at school? (Include clubs, sports, band, chorus, etc.)

How do you demonstrate leadership skills at school? (Include positions like Class Officer or Team Captain. You can also include any positive impact you have had on your friends, starting a club, stopping someone from bullying others, encouraging friends to attend school on time, etc.)

What activities do you participate in the community? (Include work experience, community sport teams, church activities, volunteer experience, etc.)

How do you demonstrate leadership skills in the community? (Include church/community activities, any trainings that you have done at work/school, any additional responsibilities that you have at work/community, etc.)

▶ Student Information

Student's Last Name First Middle

Student's Street Address Apt/Floor

City/Town/Village State ZIP Home Phone

Contact Email address Student's Date of Birth

Current School Grade 2023/2024 School Year

Does the student have any food or other allergies? Yes No

If yes, please list all allergies:

Does the student have any special needs that staff should be aware of? Yes No

If yes, please list:

Student's Primary Medical Care Provider (Doctor, Nurse Practitioner, etc.) Phone

▶ Emergency Contacts

Name Relationship Primary Phone Other Phone

Name Relationship Primary Phone Other Phone

▶ Agreements

By signing below, I agree to the following:

- I give consent for my child to take part in trips away from the location under proper supervision.
- In case of accident or injury, I authorize the program staff to seek **all necessary** medical, dental, surgical care and/or hospitalization for my child.
- I give consent for my child to appear in pictures of the activities and events that occur and release those images for publication and use by Safe Schools Mohawk Valley.
- I have provided information on my child's special needs and allergies.
- I understand no transportation is provided to and from the program each day, unless otherwise noted in your acceptance letter.

Program staff may contact me at the following phone number(s):

Signature of Parent/Guardian Date Name (Please Print)