

Fearless! Youth Education Program

Summer 2025 SYLA Application

Participant's Information:

Name: _____

Address: _____

School: _____ Phone: _____

Email: _____

Grade Fall 2025: _____ Age: _____ D.O.B: ____/____/____

Preferred Pronouns: _____

Parent/Guardian Information:

Name: _____

Address: _____

Daytime Phone #: _____

Email: _____

Emergency Contact Information:

1. Name: _____ Relationship: _____

Daytime Phone #: _____

2. Name: _____ Relationship: _____

Daytime Phone #: _____

Questions or Submit Application:

Contact: Nafie Jallow

Prevention Ed & Training Program Manager

EMAIL: njallow@fearlesshv.org

FAX: 845-562-0180

PHONE: (845) 562-5365, ext. 131

Mailing Address:

Attn: Summer Leadership Academy

Fearless! Hudson Valley

P.O. BOX 649

Newburgh, NY 12550

fearlesshv.org/syla

Please answer the following in short answer form.

If you need more space, please write on the back of this paper.

What does being a leader in your school or community mean to you?

Please list a strength you see in your community. How can you use this strength to create positive change?

What is your understanding of systems of oppression and inequality? How do you see it affecting your community?

Have you ever attended any Fearless! events, programs, classes, or workshops? If so, please tell us what you have participated in.

Why do you want to participate in our *Summer Youth Leadership Academy*?

When was the last time you were confronted by a new idea or perspective? How did you react? How did the interaction impact you?

Is there anything else you would like us to know about you?

Applicant's Signature: _____

Parent/Guardian Consent:

*This week long program aims to **inspire** and **empower** anyone in grades 9-12 to **learn** and **speak up** about bullying, gender oppression, the difference between healthy and unhealthy relationships, and **building solutions** for change.*

Enrollment is free. Open to all Orange & Sullivan County high school students.

Participants will receive 30 hours of community service and a letter of recommendation for college and/or employment.

Confirmation: I give _____ (teen's name) permission to participate in Fearless! Hudson Valley's 2025 Summer Leadership Youth Academy: *From Bystander to Upstander*.

Please indicate which session you would like to attend:

___ July 7th - July 11th | **Newburgh:** Fearless! Business Office, 280 Broadway, Newburgh

___ July 21st - July 25th | **Port Jervis:** Port Jervis Recreation Center, 135 Pike St, Port Jervis

___ Aug 4th - 8th | **Sullivan County** – Location TBA

The program is completely in-person from 10 am – 4 pm, Monday – Friday.

Please note: Pending registration numbers, the some sessions may be condensed.

Any Additional Needs? Please include any special needs, such as allergies, medical conditions, or dietary restrictions. _____

PHOTO CONSENT (optional)

I, _____ (parent/guardian's name), give permission for photographs to be taken of myself and/or my child to be used for Fearless! Hudson Valley purposes which may involve publicity and public relations. I understand these photos may be used in newsletters and social media, as well as other publications.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: ____ / ____ / 2025



PICK-UP AUTHORIZATION

Name of Child(ren): _____

I hereby inform Fearless! Hudson Valley that the following people are authorized to pick up the above named child(ren) from the Fearless! Hudson Valley Summer Youth Leadership Academy.

AUTHORIZED PICK-UP PERSON

Name:	Relationship to Child:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

____ My child is allowed to drive themselves to and from the Academy.

____ My child is allowed to walk to and from the Academy.

I understand that:

- Parents/guardians must inform Fearless! Hudson Valley (call, send a note) if an individual other than one of the authorized people indicated above will be picking up their child that day.
- The “Authorized Pick-Up Person” must have a valid driver’s license and may be asked to provide a photo ID to staff.
- This authorization shall remain in force until edited or rescinded in writers by the signers of this authorization.

Authorized by:

Parent/Guardian Signature

Date