TRANSFORM FROM BYSTANDER >> UPSTANDER

Fearless! 2023 SYLA Funding Provided By:

Fearless! Youth Education Program
Summer 2023 SYLA Application

Participant's Information:

Name: _____

Address: _____

School: _____ Phone: _____

Email: _____

Grade Fall 2023_____ 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
Education & Volunteer Engagement Manager
EMAIL: njallow@fearlesshv.org
PHONE: (845) 562-5365, ext. 131

Submissions Due: Friday, June 23, 2023

Mailing Address:

Attn: Summer Leadership Academy
Fearless! Hudson Valley, Inc.
P.O. BOX 649
Newburgh, NY 12551

fearlesshv.org/SYLA

Fearless! Hudson Valley, Inc. f/k/a Safe Homes of Orange County
P.O. Box 649 Newburgh, NY 12551 | Business Office 845-562-5365
24-Hour Hotline 845-562-5340 | fearlesshv.org

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: _____

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Parent/Guardian Consent:

This free 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.

Open to Orange & Sullivan County High School Students.
Participants who complete our free week-long program will receive the following:
30 hours of community service, a letter of recommendation for college and/or employment, and a $50 stipend. Lunch and Snacks Will Be Provided.

Confirmation: I give _____ (teen's name) permission to participate in Fearless! Hudson Valley's 2023 Summer Leadership Youth Academy: *From Bystander to Upstander.*

Please indicate which session you would like to attend:

_____ July 10th - July 14th | **Newburgh**: Fearless! Business Office, 280 Broadway, Newburgh

_____ July 24th - July 28th | **Port Jervis**: Port Jervis Recreational Center, 135 Pike St, Port Jervis

_____ August 7th - August 11th | **Liberty**: Cornell Cooperative, 64 Ferndale Loomis Rd #1, Liberty

The program is in-person this year from 10 am – 4 pm, Monday – Friday.
Please note: Pending registration numbers, some sessions may be condensed. Not all applicants who apply will be accepted into the program. *Application Due By:* Friday, June 23, 2023

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's 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: _____ / _____ / 2023

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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**

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