



Fearless! 2024 SYLA Funding Provided By:



Fearless! Youth Education Program
Summer 2024 SYLA Application

Participant's Information:

Name: _____

Address: _____

School: _____ Phone: _____

Email: _____

Grade Fall 2024 _____ 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, Education & Training Program Manager
EMAIL: njallow@fearlesshv.org
PHONE: (845) 562-5365, ext. 131

Mailing Address:

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

Submissions Due: Friday, June 21, 2024

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 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, **Lunch and Snacks Will Be Provided.**

Confirmation: I give _____ (teen's name) permission to participate in Fearless! Hudson Valley's 2024 Summer Leadership Youth Academy: *From Bystander to Upstander*.

Please indicate which session you would like to attend:

— July 8th - July 12th | **Newburgh:** [Fearless! Business Office](#), 280 Broadway, Newburgh

— July 22nd - July 26th | **Port Jervis:** [Port Jervis Recreational Center](#), 135 Pike St, Port Jervis

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 21, 2024

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: ____ / ____ / 2024

TRANSFORM FROM
BYSTANDER >> UPSTANDER

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