



---

YOUTH LEADERSHIP ACADEMY

---

*A Not-For-Profit 501 c 3 Corporation*

## 2012 APPLICATION FORM

**Deadline: Must be received at YLA Office by Friday, March 16, 2012.**

### About the YLA

The YLA is a unique program providing a constructive, mentoring environment for students from low-income backgrounds who may be vulnerable to gangs, drugs, and other serious problems. We offer leadership training sessions two Saturdays per month during the academic year to our cadets (7<sup>th</sup> – 12<sup>th</sup> grade) from across the Elgin Community College (ECC) District 509, which includes Illinois school districts U-46, D300, D301, and D303. In addition, we offer Service-Learning projects, field trips and opportunities to participate in community events. At the conclusion of their six years with YLA, if they are in good academic standing when they graduate from high school and they are still residing within ECC District 509, cadets will be awarded a full tuition scholarship to attend Elgin Community College for two consecutive years to complete an associate's degree by maintaining grade requirements, and further, may qualify an additional full tuition scholarship at Judson University for two more years to complete a bachelor's degree. The motto for YLA is: "I AM on the path to success. I AM college bound." To learn more about the YLA, visit [www.ylaecc.org](http://www.ylaecc.org).

### Who is eligible to apply? How many students are selected each year?

Only current 6<sup>th</sup> grade students each year in IL School Districts U-46, D300, D301 and D303 are eligible to apply. Parents and teachers also need to be aware that the YLA's mission is to serve students from low-income backgrounds. It is for this reason that we require a copy of the family's 1040 forms be attached to this application. YLA follows the annual Federal Poverty Level Chart, which is found at the end of this form. **Important note: This application process is competitive.** On average, around 100 applications are received, of which half will be selected for an in-person interview. Approximately 25 student finalists will be selected as YLA cadets by end of April 2012.

### CHECKLIST

**Applicants, make sure you have all of the items here before turning in your application:**

- \_\_\_\_\_ SECTION I – completed Student Information and SECTION II – Student Questions (separate paper may be attached)
- \_\_\_\_\_ Three (3) completed Recommendations Forms and Letters from three (3) separate individuals, per the instructions found in this form.
- \_\_\_\_\_ Documentation from the applicant's school indicating status of free or reduced lunch
- \_\_\_\_\_ SECTION IV – completed Applicant and Parent Agreement
- \_\_\_\_\_ Family's completed 1040 tax form from 2011

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

All completed applications must be mailed or hand-delivered to: Youth Leadership Academy (YLA), 410 Renner Drive, Elgin, IL 60123. The YLA office is located in the MPC building of Elgin Community College (ECC) in room 109. Questions: For questions regarding the YLA or your application, please call 847-214-6965 or 847-214-6910. YLA office is open Monday – Friday from 9:00 am – 3:00 pm. You may also direct questions via e-mail to the YLA Executive Director at [dortega-ehreth@elgin.edu](mailto:dortega-ehreth@elgin.edu).

# SECTION I: STUDENT INFORMATION

PLEASE PRINT NEATLY

Student Name \_\_\_\_\_  
(Last) (First)

Date of birth: (month, day, year) \_\_\_\_\_

STUDENT Social Security Number: \_\_\_\_\_

*(Please know that YLA Scholarships are not able to be awarded to students who do not share this information. All students' social security numbers are kept in a confidential database accessible only to YLA and ECC staff.)*

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone where student can be reached (\_\_\_\_\_) \_\_\_\_\_

Alternate telephone number (\_\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_

District: (check one) \_\_\_\_\_ U-46  
\_\_\_\_\_ D300  
\_\_\_\_\_ D301  
\_\_\_\_\_ D303

Current Grade \_\_\_\_\_ (Must be in 6<sup>th</sup> grade to be eligible to apply.)

School where you will begin 7<sup>th</sup> grade: \_\_\_\_\_

Gender: \_\_\_\_\_ female \_\_\_\_\_ male

Student's ethnic background (please check one):

- Caucasian / White \_\_\_\_\_
- Hispanic / Latino/a \_\_\_\_\_
- African American / Black, non-Hispanic \_\_\_\_\_
- Asian American \_\_\_\_\_
- Native American \_\_\_\_\_
- Middle Eastern \_\_\_\_\_
- Biracial / Bicultural (Mixed) : \_\_\_\_\_

\_\_\_\_\_ (please share with which ethnicities student identifies)

Is the student bilingual? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, is the student fluent in Spanish? \_\_\_\_\_ yes \_\_\_\_\_ no

If no, please share second language: \_\_\_\_\_

Does the student have a sibling or relative who is a cadet in the Youth Leadership Academy?

\_\_\_\_ no \_\_\_\_ yes

If yes, please share the name of the YLA cadet: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Is the student applicant a citizen or legal resident of the United States? \_\_\_\_\_ yes \_\_\_\_\_ no

**MOTHER's / Legal Guardian's name:** \_\_\_\_\_

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

*(If same as student, write "same")*

City, state and zip: \_\_\_\_\_

*(If same as student, write "same")*

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

**FATHER's / Legal Guardian's name:** \_\_\_\_\_

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

*(If same as student, write "same")*

City, state and zip: \_\_\_\_\_

*(If same as student, write "same")*

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_

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





## Section III: RECOMMENDATIONS

Three recommendations are required in order for the student application to be complete:

1. It is **highly recommended** that one recommendation come from the student's CURRENT 6<sup>th</sup> grade classroom teacher.
2. One recommendation **must** come from the student's school principal or school administrator.
3. One recommendation **must** come from another adult member of the community who knows the student outside of school.

### IMPORTANT NOTES:

- A recommendation from a family member or relative from the student will NOT be accepted.
- Each adult recommending the student **must** use the YLA Recommendation Form included in this application.
- It is the **student's responsibility** to share the YLA Recommendation Form with the adults who will fill them out in a timely manner (two weeks before deadline is courteous). YLA will not send the YLA Recommendation Form to these individuals for the applicant.

Please share the names of the adults who will be sending in the YLA Recommendation Form for the student applicant:

Current 6<sup>th</sup> grade teacher: \_\_\_\_\_

School Principal / Administrator: \_\_\_\_\_

Other adult member of the community: \_\_\_\_\_

## SECTION IV: APPLICANT & PARENT AGREEMENT

### Student's Commitment:

If I am selected for this program, I agree that I will not participate in gang activities or use any drugs or alcohol, and that I will stay out of trouble at school and where I live. I will attend school and apply myself to my best of my ability in all of my school-work. If I need help with any school subject, I will ask for it. I will participate in Youth Leadership Academy (YLA) activities, and remain committed for the entire length of the YLA program (7th through 12th grade).

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent / Legal Guardian Commitment:

Please read each item below and **check each one** to indicate that you understand it.

\_\_\_\_\_ If my/our child is selected for this program, I/we agree that I/we will support him/her in meeting the requirements of the Academy and that I/we will participate in Academy activities. (See "Parents / Legal Guardians of Successful YLA Cadets" below.)

\_\_\_\_\_ I/we understand that he/she must be a legal resident of the U.S. to be eligible.

\_\_\_\_\_ I/we also understand that the YLA targets youth from low-income families, and thus I/we are **attaching a copy of our family's most recent federal 1040 form which indicates the student applicant as a dependent.**

\_\_\_\_\_ I/we also understand that we must reside in Elgin Community College District 509 to be eligible for this program and its benefits.

\_\_\_\_\_ I/we understand that if my child's academic grades fall below minimum standards after consecutive progress reports or after tutoring support has been offered and this results in not completing high school, my child will not be eligible to receive a scholarship at Elgin Community College.

\_\_\_\_\_ I/we understand that if my child becomes involved in gangs, drugs, alcohol or any form of illegal activity, my child will be dropped from the YLA program.

I certify that to the best of my knowledge, all the information in this application form is correct. I understand that any falsified information will result in disqualification of the student applicant.

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PARENTS / LEGAL GUARDIANS OF SUCCESSFUL YLA CADETS:**

1. Sign the family agreement and stick to it for the six years that cadets are part of the YLA program. This includes agreeing to the YLA attendance and dress code policies.
2. Maintain open lines of communication with YLA staff. This includes notifying the YLA of changes in address or phone. It also includes communicating with the YLA Executive Director ahead of time regarding legitimate reasons for why the student may be absent from a YLA session.
3. Ensure that the student goes to school, does homework and graduates from high school in good academic standing.
4. Take necessary steps to keep the student out of trouble with the law and out of gangs.
5. Reinforce basic principles of good citizenship.
6. Work with the student to establish and accomplish academic, personal, career and YLA goals.
7. Provide transportation to/from the regular YLA sessions.
8. Participate in YLA Parent meetings, YLA Parent-Trainer conferences and attend YLA family events.
9. Complete required financial aid forms for college entrance during the senior year in high school.
10. Volunteer to support YLA programs as they are able.

## **NOTICE OF NONDISCRIMINATORY POLICY**

The Youth Leadership Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities accorded to students at the Academy. It does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.



---

## YOUTH LEADERSHIP ACADEMY

---

*A Not-For-Profit 501 c 3 Corporation*

# YLA Recommendation Form *(2 pages)*

### **Introduction for Recommender:**

The YLA is a unique program providing a constructive, mentoring environment for students from low-income backgrounds who may be vulnerable to gangs, drugs, and other serious problems. We offer leadership training sessions two Saturdays per month during the academic year to our cadets (7<sup>th</sup> – 12<sup>th</sup> grade) from across the Elgin Community College District 509, which includes Illinois school districts U-46, D300, D301, and D303. In addition, we offer Service-Learning projects, field trips and opportunities to participate in community events. At the conclusion of their six years with YLA, and if they are in good academic standing when they graduate from high school, cadets will be awarded a full tuition scholarship to attend Elgin Community College for two consecutive years to complete an associate's degree, and if they are so inclined, an additional full tuition scholarship at Judson University for two more years to complete a bachelor's degree may be available. The motto for YLA is: "I AM on the path to success. I AM college bound." To learn more about the YLA, visit [www.ylaecc.org](http://www.ylaecc.org).

Each student applicant is required to have three (3) recommendations from three (3) different adults in order for their application to the Youth Leadership Academy (YLA) to be complete. We are selective in who is invited to be a YLA cadet. Only current 6<sup>th</sup> grade students are eligible to apply each year. Your recommendation is helpful to the YLA Selection Committee who will do its best to select applicants who could benefit most from what the YLA has to offer. Some applicants will be invited to interview with the YLA Selection Committee along with their parent(s) or legal guardian(s). Approximately 25 finalists will be asked to make a 6 year commitment to be active in the YLA program.

Please complete this recommendation form and attach a separate piece of paper addressing the questions below to the best of your ability and follow the instructions at the bottom in order for this form and attachments to be received by the YLA by March 16, 2012. Please call 847-214-6965 if you have any questions about YLA or this form. Thank you!

### **Please Print Neatly:**

Name of the student \_\_\_\_\_  
(last) (first)

Recommender Name: \_\_\_\_\_  
(last) (first)

Recommender's title: \_\_\_\_\_ School / Organization: \_\_\_\_\_

Relation to student applicant: *(Please check one)*

- Current 6<sup>th</sup> grade teacher \_\_\_\_\_
- Principal (or administrator) at student's school \_\_\_\_ *(see note below)*
- Adult member of the community \_\_\_\_\_

**Note to Principal / School Administrator: Is the student eligible for free or reduced lunch at your school? \_\_\_\_\_ no \_\_\_\_\_ yes – please attach documentation to this form**

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

City/State/Zip Code: \_\_\_\_\_

Daytime telephone: (\_\_\_\_\_) \_\_\_\_\_

Alternate telephone number, (if available) (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax number: \_\_\_\_\_

Are you a family member or relative of the student applicant? \_\_\_\_\_ yes \_\_\_\_\_ no

On a separate piece of paper, please share your evaluation of the student applicant in each of the following areas:

1. LEADERSHIP POTENTIAL
2. ACADEMIC PERFORMANCE / COMMITMENT TO LEARNING
3. INVOLVEMENT IN ACTIVITIES IN OR OUTSIDE OF SCHOOL:
4. OVERALL LEVEL OF EFFORT AND MOTIVATION:
5. PERSONAL ENVIRONMENT OR OTHER OUTSIDE INFLUENCES:
6. WHY SHOULD THIS STUDENT BE SELECTED AS A YLA CADET?

Please mark one:

- \_\_\_\_\_ I highly recommend this student with enthusiasm.  
\_\_\_\_\_ I recommend this student.  
\_\_\_\_\_ I recommend this student with some reservations.  
\_\_\_\_\_ I do not recommend this student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To submit this YLA Recommendation Form and your attachments, you may either:

1. Mail them to the Youth Leadership Academy (YLA) at 410 Renner Drive, Elgin, IL 60123, or
2. Fax them to the Youth Leadership Academy at 847-214-6914.

**Reminder that all forms and attachments must be received by March 16, 2012.**

## 2011- 2012 FEDERAL POVERTY LEVEL CHART FOR PRESUMPTIVE ELIGIBILITY (PE) AND INSTRUCTIONS

Federal Poverty Level Chart – Effective April 1, 2011 through March 31, 2012		
Number of Persons In The Family	200 Percent Monthly Income	200 Percent Annual Income
2	\$ 2,452	\$ 29,420
3	\$ 3,089	\$ 37,060
4	\$ 3,725	\$ 44,700
5	\$ 4,362	\$ 52,320
6	\$ 4,999	\$ 59,980
7	\$ 5,635	\$ 67,620
8	\$ 6,272	\$ 75,260
9	\$ 6,910	\$82,900
10	\$ 7,548	\$90,540
<b>For each additional family member add:</b>	<b>\$ 638</b>	<b>\$7,640</b>

### INSTRUCTIONS TO DETERMINE IF APPLICANT QUALIFIES FOR PE SERVICES

Remember: the unborn child is counted as a member of the family.

1. Find the PE applicant's *total family income* and *family size* as it is stated on the *Provider Use Only* section of the *MC 263 PREMED 1 - Application for Presumptive Eligibility Only*.
2. Compare the applicant's income and family size to the *2011 - 2012 Federal Poverty Level Chart* above.

### EXAMPLES

- A. A pregnant woman who lives alone requests PE services. Her monthly income is \$2,000. The mother and her unborn child would be counted as a two-person (2) family household. Comparing her income of \$2,000 to the chart's income for a family size of two (\$2,452), **she would qualify for PE services.**
- B. A pregnant woman with two children requests PE services. Her annual income is \$46,000. The mother, her unborn child, and her two children would be counted as a four-person (4) family household. Comparing her annual income of \$46,000 to the chart's annual income for a family of four (\$44,700), **she would not qualify for PE services.** The provider should help the patient complete a Medi-Cal application, and encourage her to submit the application to her local county social services office.