

APPLICATION FORM - A

KANSAS YOUTH LEADERSHIP SUMMIT

August 7-9, 2005 • Rock Springs 4-H Center • Junction City, KS

Teams wanting to be considered for the Kansas Youth Leadership Summit must complete Application Form - A, both front and back, and return by **April 29, 2005**. Teams selected to participate at the Summit will be sent Application Form-B, which is a roster for names of all the team members who will attend. Form-B must be completed and returned by **July 22, 2005**. Teams must have a total of 8 to 10 students and adults. Each team must include at least one adult member. Youth members must be Freshman, Sophomores, and/or Juniors only. A selection committee will evaluate Team applications based on their ability to demonstrate community/school collaboration and on the responses to the questions found on the other side of this form.

Please complete the form below, respond to the questions on the reverse side and return to:
Kansas Family Partnership
c/o Maria Torrez Anderson
5942 SW 29th Street
Topeka, KS 66614

As space is limited to **225 individuals** and considerable resources are expended to underwrite the costs associated with each team, those who are accepted must agree to the following conditions:

- I agree to assemble and bring a team of 8 to 10 total members consisting of one or two adults per team and Freshman, Sophomore and/or Junior level high school youth. (high school Seniors will not be accepted)
- I anticipate building a team of ____ members.
(# of team members)
- I agree to submit a final list of team members by July 22, 2005.
- Our team will attend and actively participate in the required workshops and team sessions during the Summit.
- During the Summit, our team will develop an action-oriented, problem-solving plan to reduce underage drinking and increase safety belt use in our community.
- I will submit a progress report to Kansas Family Partnership on how our plan is being implemented in our community by February 15, 2006.
- Our youth participants will complete and return a post-Summit evaluation by February 15, 2006.

I have carefully read and agree to the conditions listed above.

Signed	Printed Name	Date
Team Leader: _____	School/Agency: _____	
School/Agency Address: _____		
City: _____	County: _____	Zip: _____
School/Agency Phone: _____	Fax: _____	E-Mail: _____
Home Address: _____		
City: _____	County: _____	Zip: _____
Home Phone: _____	Home E-Mail: _____	

Team Action Builds Success

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1. Why do you feel your team should be selected to attend the 2004 Kansas Youth Leadership Summit?

2. If your team is selected to participate at the Summit what are your expectations and what do you hope to learn from this event?

3. If your team is selected what are some of the steps they would take to assist in reducing underage drinking in their school or community?

4. If your team is selected, what groups/organizations will you collaborate with once the team returns home and what do you hope to accomplish as a result of your participation at this event?

5. How do you plan on keeping your team involved and succeeding with their action oriented problem solving plans once they leave the Summit?
