

APPLICATION FORM - A

KANSAS YOUTH LEADERSHIP SUMMIT

August 6 - 8, 2006 • Rock Springs 4-H Center • Junction City, KS

For Teams to be considered to attend the Kansas Youth Leadership Summit, please complete Application Form - A, both front and back, and return by **April 28, 2006**. 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 3, 2006**. Teams must have a total of 5-8 students and adults. A Team must include one or two adults and the remainder students depending on the number of adults. 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 8-10 total members consisting of one or two adults per team and Freshman, Sophomore and/or Junior age 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 3, 2006.
- 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 in our community and encourage the use of safety belts.
- I will submit a progress report on how our plan is being implemented in our community by February 16, 2007.
- Our youth participants will complete and return a post summit evaluation by February 16, 2007.

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 2006 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 and encouraging safety belt usage 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?
