Sister Cities International Conference

Youth Leadership Summit Ages 14-18

SOCAL Youth Sponsorship

**DATE: JULY 13-17, 2016**

**LOCATION: Washington D.C.**

**Youth Leadership Summit Conference**

**Youths need to arrive on Wed. July 13 and return flight on Sunday July 17**

SOCAL Sister Cities Chapter of SCI would like to send one Southern California Sister City Committee student to the next SCI Youth Leadership Summit that is being held in conjunction with the Annual Sister Cities International Conference.

The Youth Leadership Summit gives students the opportunity to participate in the following activities:

* Meet young people from around the world;
* Learn how to work productively with their Sister City and Community;
* Share their community’s culture with fellow delegates;
* Build leadership skills;
* Learn how to make the Sister Cities International mission of Peace through People, a reality.

The YLS participants will be housed at a nearby college dorm near the Conference site for (4) nights lodging**.** The selected student will have his/her registration fee & ground transportation paid for by SCI Southern California Chapter Inc.; (per student: Includes all meals, lodging, and transportation to and from the airport). In addition the Youths will be chaperone the entire time by SCI Staff. **Youth must pay for his/her own airfare and arrive at the Dulles Airport Washington DC on Wednesday July 13 and their return flight must be on Sunday July 17, 2016 in the morning.**

**Youth must pay for their registration on-line and upon providing proof of registration paid, SCI SoCal will then reimburse the party. Cost approx. $625 for conference registration (not airfare).**

Each Southern California Sister City Committee/Association, whose SCI dues are current, may submit one student application for consideration by the SOCAL Review Committee. The student should have a 3.0 or higher GPA and be active in the local sister city committee or association. **The following paperwork should be submitted to the SOCAL Chapter by *the LAST Saturday in March****.*

1. ONE student application only per Sister City Committee/Association (previous recipients may not apply a second time);

2. Copy of latest unofficial transcripts;

3. One page summary of your activities in your sister city or other international exchange organization:

4. A letter of recommendation by the President of the Sister City Committee/Association;

5. A letter of recommendation from the student’s school counselor, advisor or teacher.

**NOTE: Applications due by LAST Saturday in March**

**Interviews scheduled for *the LAST Saturday in April.* The student selected will be notified by *LAST Saturday in May.***

The SOCAL Youth Leadership Summit application package can also be downloaded from the SOCAL Sister Cities Chapter website at [www.socalsistercities.org](http://www.socalsistercities.org)

For a more detailed description of the Sister Cities International YLS, go to <http://www.sistercities.org/YLS>

The selected student must submit a signed PARENT/GUARDIAN WAIVER within 5 days of notification of award.

The SOCAL Board would like the selected student to participate in the quarterly SOCAL Board Meeting as a Student Coordinator between the board and the local Southern California Sister City Committees/Associations.

The selected student MUST plan to attend at least one of the SOCAL Sister Cities Chapter’s Meetings which occur quarterly throughout the year (location to be determined in Southern California) to present a report on his/her experience at the recent YOUTH LEADERSHIP SUMMIT.

**Applications can be submitted by email to:**

**Angie Gomez, Selection Committee Chair**

[angiegomezpasadena@yahoo.com](mailto:angiegomezpasadena@yahoo.com)

Or by mail to:

Angie Gomez /Selection Committee Chair

816 North Stoneman Avenue #3

Alhambra, CA 91801

**Mailed applications must be postmarked by *the LAST Saturday in March****.*

Please Note: All applications will become the property of the SOCAL Sister Cities Chapter and will not be returned to the applicant.

**Questions regarding the application or the YLS, please call Angie Gomez at (626) 825-8645.**

**SOCAL SISTER CITIES COMMITTEE**

**YOUTH LEADERSHIP SUMMIT APPLICATION AGES 14-18**

**(SOCAL Website: socalsistercities.org)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a high school student, what College are you planning to transfer to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For college students, overall GPA: \_\_\_\_\_\_\_; Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT SEMESTER PROGRESS REPORT**

Please list the courses you are taking and your expected grade.

|  |  |  |
| --- | --- | --- |
| COURSE TITLE | Grade To Date | Units |
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**Application Check List (DUE BY *LAST SATURDAY IN MARCH*):**

This application page

A copy of most recent unofficial transcripts

A one page summary of your activities in your sister city

A letter of recommendation from the president of your sister city committee/association and one from a school counselor, advisor or teacher

**SISTER CITIES INTERNATIONAL YOUTH LEADERSHIP SUMMIT**

**PARENTAL/GUARDIAN WAIVER**

I, THE UNDERSIGNED (PARENT/LEGAL GUARDIAN), AUTHORIZE MY CHILD TO PARTICIPATE IN THIS YEAR’S SISTER CITIES INTERNATIONAL YOUTH LEADERSHIP SUMMIT. I ACCEPT FULL RESPONSIBILITY FOR MY CHILD’S PARTICIPATION IN ALL THE PROGRAM ACTIVITIES AND INDEMNIFY AND HOLD HARMLESS SISTER CITIES INTERNATIONAL FROM ANY CLAIMS AND/OR LIABILITIES ARISING FROM MY CHILD’S PARTICIPATION. I AGREE, BY SIGNING THIS DOCUMENT, THAT MY CHILD WILL BE ATTENDING THE YOUTH LEADERSHIP SUMMIT.

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Signature of Parent/Guardian

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Printed Name of Parent/Legal Guardian

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Address

(\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

[WWW.SOCALSISTERCITIES.ORG](http://WWW.SOCALSISTERCITIES.ORG)

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