



2020 YLA Application Form

Deadline: Must be received at the YLA office by Friday, April 6, 2020.

About the YLA

Youth Leadership Academy (YLA) is a unique program providing a constructive, mentoring environment for low income students. We offer leadership training sessions about two Saturdays per month during the academic year to our cadets (7th – 12th grade) from across the Elgin Community College (ECC) District 509, which includes Illinois school districts U-46, D300, D301 and D303. YLA's leadership training program is focused around character development, college readiness, and community engagement. The motto for YLA is: "I AM on the path to success. I AM college bound." To learn more about YLA, visit www.ylacademy.org.

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

Only current 6th grade students who reside within Elgin Community College District 509 (which includes the geographical boundaries for IL School Districts U-46, D300, D301 and D303) and are eligible for free or reduced lunch may apply. We require a copy of the family's 1040 tax forms from calendar year 2019 to be attached to this application. **Important note: This application process is competitive and late applications are strictly not accepted.** On average, over 200 applications are received each year, of which approximately 50 are offered a family interview, and up to 25 student finalists will be selected shortly after to become YLA cadets.

All completed applications can be mailed or hand-delivered to:

Youth Leadership Academy
1700 Spartan Drive, Elgin, IL 60123

The YLA office is located in Building K, Room 109 of Elgin Community College (ECC).

For questions regarding YLA or your application, please call 847-214-6965 or 847-214-6910. The YLA office is open Tuesday and Thursday 9:00 am – 5:00 pm with appointments available on other days. The office will be opened until 7:00 pm on April 6, 2020. You may also direct questions via e-mail to YLAAdmin@elgin.edu. **NO part of the YLA Application may be faxed.** Applications may be scanned and emailed to YLAAdmin@elgin.edu before 11:59 pm on April 6, although YLA will require all original documents.



APPLICATION CHECKLIST

This list is printed here to help you organize your documents. The most common reason some applicants are not selected is because they have incomplete applications! It is the responsibility of the applicant's family (not YLA, not the teacher, not the principal) to obtain and submit all required documentation in order to complete the application.

(Do not turn in this page.)

Applicants must have all of the items listed below before turning in the application:

- _____ 1. SECTION I – Completed Student Information.
- _____ 2. SECTION II – Student Questions (separate handwritten paper needs to be attached).
- _____ 3. Completed recommendation form from the current 6th grade teacher.
- _____ 4. Completed checklist form from the school principal/administrative personnel.
- _____ 5. Completed recommendation form from an adult who knows the applicant. (Not a parent or relative of the applicant.)
- _____ 6. Copy of school documentation verifying that the applicant receives either free or reduced lunch (this may be obtained from the applicant's school district office or your child's school office).
- _____ 7. Copy of report card.
- _____ 8. Family's completed 1040 Federal tax form from 2019 (at least the first two pages) that clearly lists the name of the student applicant (and his or her social security number) as a dependent. *If 2019 tax documents are not available, the family may submit documents from 2018; however, the family will be asked to turn in 2019 documents no later than April 6.* If there are extreme circumstances in which tax documents are unavailable, please make an appointment with the Executive Director or YLA Board to proceed. YLA does **not** accept W-2 forms.
- _____ 9. SECTION IV – Completed Applicant and Parent Agreement.

INCOMPLETE AND/OR LATE APPLICATIONS WILL **NOT** BE CONSIDERED.

Remember, applications may **NOT** be faxed.



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 certain YLA and ECC staff.)

Home mailing address: _____

City/State/Zip: _____

Telephone where student can be reached: (_____) _____

Alternate telephone number: (_____) _____

Gender: _____

Current grade: _____ (Must be in 6th grade to be eligible to apply.)

Current school name: _____

School where student will begin 7th grade: _____

District (check one): _____ U-46 Student ID#: _____
 _____ D300 *(District assigned number)*
 _____ D301
 _____ D303

Do you receive free or reduced lunch? _____
(If yes, please attach a copy of a school district letter confirming this)

Is the student applicant a U.S. citizen or legal resident of the United States?
_____ yes _____ no
(This question helps the YLA team determine the types of scholarships you will be eligible for.)



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 the applicant: _____

Student’s ethnic background (please check as many as are applicable):

Note: answering this question is optional. This question complies with the U.S. Dept. of Education’s standards for ethnic and racial data collection.

- Caucasian / White _____
- Hispanic / Latino/a _____
- African American / Black _____
- Asian American _____
- American Indian or Alaska Native _____
- Native Hawaiian or Other Pacific Islander _____
- Middle Eastern _____

Is the student bilingual? _____ yes _____ no

If yes, is the student fluent in Spanish? _____ yes _____ no

If no, please share the second language: _____

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: _____

Mother’s/Legal Guardian’s Educational Level *(Please circle)*:

- | | | |
|------------------|---------------------|-------------------|
| Some High School | High School Diploma | Some College |
| | Associate’s Degree | Bachelor’s Degree |
| Some Grad School | Master’s Degree | |



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: _____

Father's/Legal Guardian's Educational Level *(Please circle)*:

- | | | |
|--------------------|---------------------|--------------|
| Some High School | High School Diploma | Some College |
| Associate's Degree | Bachelor's Degree | |
| Some Grad School | Master's Degree | |



SECTION II: Student Questions

The purpose of these student questions is for YLA to get to know the student applicant. There are no right or wrong answers to these questions.

Questions 1-3 must have *at least* 3 sentences.

1. Why do you want to join the Youth Leadership Academy?
2. What are you most excited about when you think about going to college?
3. How would your friends describe you? How would your family describe you? How would these descriptions be similar? Different?



Question 4 and 5 must be answered on a **separate piece of paper**. Please print or write neatly. **No typed answers will be accepted.**

4. What would be the most fun day for you? What would happen? Please describe.

5. What kind of leader do you want to become?

Helpful tip: Write a draft of your answers before this application deadline (April 6), then ask someone (like your teacher) to help you edit it. Triple-check it for spelling and grammar, and then rewrite your answers neatly on a final sheet of paper to turn in with this application. **Remember, no typed answers will be accepted.**



Section III: RECOMMENDATIONS

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

1. One recommendation **must** come from the student's CURRENT 6th grade classroom teacher.
2. One recommendation **must** come from the student's school principal, school administrator, counselor, or dean.
3. One recommendation **must** come from another adult member of the community who knows the student outside of school, such as a coach, church member, former teacher, neighbor, etc. (*recommendations from family members or relatives are not accepted*).

IMPORTANT NOTES:

- Each adult recommending the student **must** use the YLA Recommendation Form included in this application. A separate letter of recommendation may be attached, but it cannot replace the YLA Recommendation Form.
- It is the **student's responsibility** to share the YLA Recommendation Form with the adults who will fill them out in a timely manner (in other words, the day before the deadline is not considerate).

***** Please make sure to give the right recommendation form to the right person! For example, the school principal should not be using the 6th grade teacher recommendation form.**

NOTICE OF NONDISCRIMINATORY POLICY

The Youth Leadership Academy admits students of any race, color, national and ethnic origin to all of 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.

Please submit this YLA Recommendation Form to us **no later than April 6, 2020:**

- Mail or bring this form to the YLA office (K109) at 1700 Spartan Drive, Elgin, IL 60123, or
- Scan and/or attach via email to **YLAAdmin@elgin.edu** no later than 11:59 pm on April 6.
- This recommendation form may **NOT** be faxed.



6th Grade Teacher Recommendation Form

Introduction for Recommender:

Congratulations! One of your students is applying to become a cadet in the Youth Leadership Academy, an organization working with low-income youth in Illinois School Districts U-46, D300, D301 and D303 on their journey towards college. To learn more about YLA, visit www.ylacademy.org. Your recommendation is helpful to the YLA Selection Committee, which will do its best to select applicants who could benefit most from what the YLA has to offer.

Selection into YLA each year is a competitive process. Some applicants will be invited to interview with the YLA Selection Committee along with their parent(s) or legal guardian(s). Then, approximately 25 finalists will be asked to make a 6-year commitment to be active in the YLA program. If you have any questions about this application, please contact us at (847) 214-6965 or 6910. Thank you!

Please Print or Write Neatly:

Name of the Student: _____

Recommender's Name: _____

Recommender's Title: _____ School / Organization: _____

Telephone (where we can best reach you daytime or evening): (____) _____

Email: _____

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

**Please answer the following questions on this sheet of paper to the best of your ability.
Please print or write neatly.**

1. Please describe this student's strongest quality.

2. Please describe this student's strongest need or area for improvement.

(continued)



3. What do you know about this student's life outside of school that would make the student a prime candidate for an organization like YLA?

4. Please describe the student's leadership potential, including overall levels of effort and motivation.

5. What else would you like to share about this student that would convince the YLA to select the student to be a YLA cadet?

6. **Lastly, and most importantly, please mark ONE of the following:**

_____ I highly recommend this student with enthusiasm.

_____ I recommend this student.

_____ I recommend this student with some reservations. Please explain:

_____ I do not recommend this student. Please explain:

Signature_____ Date_____

Please submit this YLA Recommendation Form to us **no later than April 6, 2020:**
Mail or bring this form to the YLA office (K109) at 1700 Spartan Drive, Elgin, IL 60123, or
Scan and attach via email to **YLAAdmin@elgin.edu** no later than 11:59 pm on April 6.
This recommendation form may **NOT** be faxed.



School Principal/Administrator/Counselor/Dean Recommendation Form

Introduction for Recommender:

Congratulations! One of your students is applying to become a cadet in the Youth Leadership Academy, an organization working with low-income youth in Illinois School Districts U-46, D300, D301 and D303 on their journey toward college. To learn more about YLA, visit www.ylacademy.org. Your recommendation is helpful to the YLA Selection Committee, which will do its best to select applicants who could benefit most from what the YLA has to offer.

Selection into YLA each year is a competitive process. Some applicants will be invited to interview with the YLA Selection Committee along with their parent(s) or legal guardian(s). Then, approximately 25 finalists will be asked to make a 6-year commitment to be active in the YLA program. If you have any questions about this application, please feel free to contact us at 847-214-6965 or 6910. Thank you!

Please Print or Write Neatly:

Name of the Student: _____

Recommender's Name: _____

Recommender's Title: _____ School / Organization: _____

Telephone (where we can best reach you daytime or evening): (_____) _____

Email: _____

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

Please answer the following questions on this sheet of paper to the best of your ability. Please print or write neatly.

1. Do you know this student well?

Yes

No

2. How has this student progressed academically over the last several years?

A or above student

A - B student

Solid B student

B - C student

Solid C student

Below C student



3. This student qualifies for the following:

_____ Free lunch _____ Reduced lunch _____ Neither free nor reduced lunch

4. Has this student ever been referred to the office for discipline issues?

No

Yes (*please explain*) _____

5. What kind of support do you believe this student will require in junior high in order to stay in good academic and behavioral standing?

6. What else would you like to share about this student that would convince the YLA to select the student to be a YLA cadet?

Lastly, and most importantly, please mark ONE of the following:

_____ I highly recommend this student with enthusiasm.

_____ I recommend this student.

_____ I recommend this student with some reservations. Please explain:

_____ I do not recommend this student. Please explain:

Signature _____ Date _____

Please submit this YLA Recommendation Form to us **no later than April 6, 2020:**

- Mail or bring this form to the YLA office (K109) at 1700 Spartan Drive, Elgin, IL 60123, or
- Scan and attach via email to **YLAAdmin@elgin.edu** no later than 11:59 pm on April 6.
- This recommendation form may **NOT** be faxed.



Adult Member of the Community Recommendation Form

Introduction for Recommender:

Congratulations! The student who invited you to fill out this form is applying to become a cadet in the Youth Leadership Academy, an organization working with low-income youth in Illinois School Districts U-46, D300, D301 and D303 on their journey towards college. To learn more about YLA, visit www.ylacademy.org. Your recommendation is helpful to the YLA Selection Committee, which will do its best to select applicants who could benefit most from what the YLA has to offer.

Selection into YLA each year is a competitive process. Some applicants will be invited to interview with the YLA Selection Committee along with their parent(s) or legal guardian(s). Then, approximately 25 finalists will be asked to make a 6-year commitment to be active in the YLA program. If you have any questions about this application, please feel free to contact us at 847-214-6965 or 6910. Thank you!

Please Print Neatly:

Name of the Student: _____

Recommender's Name: _____

Recommender's Title: _____ Organization: _____

Telephone (where we can best reach you daytime or evening): (_____) _____

Email: _____

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

**Please answer the following questions on this sheet of paper to the best of your ability.
Please print or write neatly.**

1. How long have you known this student and in what capacity?

2. Please tell us about this student's leadership potential. Give details.

(continued)



3. What are this student's best qualities? Please describe.

4. What do you know about this student's life that would make the student a prime candidate for an organization like the YLA?

5. What kind of support do you believe this student will require in the future in order to be a positive and contributing member of our community?

6. What else would you like to share about this student that would convince the YLA to select the student to be a YLA cadet?

Lastly, and most importantly, please mark ONE of the following:

- I highly recommend this student with enthusiasm.
- I recommend this student.
- I recommend this student with some reservations. Please explain:
- I do not recommend this student. Please explain:

Signature _____ Date _____

Please submit this YLA Recommendation Form to us **no later than April 6, 2020:**

- Mail or bring this form to the YLA office (K109) at 1700 Spartan Drive, Elgin, IL 60123, or
- Scan and attach via email to **YLAAdmin@elgin.edu** no later than 11:59 pm on April 6.
- This recommendation form may **NOT** be faxed.



SECTION IV: APPLICANT & PARENT AGREEMENT

Student Commitment:

If I am selected for this program, I agree that I will:

- not participate in gang activities
- not use any drugs or alcohol
- stay out of trouble at school
- attend school regularly
- apply myself to the best of my academic ability
- ask for tutoring help if I need it with any subject at school
- participate in YLA activities and remain committed for the entire length of the YLA program (7th through 12th grade)
- follow YLA dress code and attendance policy
- follow YLA's Code of Respect, which reads as follows:

We respect ourselves and others and treat each other with common courtesy.

We respect our diversity – in respect to race, gender, ethnicity, religion, physical and mental abilities, class, age and opinion.

We do not tolerate discrimination of any kind in our community.

We take pride in our academic work and contribute actively in the classroom and our learning community.

We are respectful of our environment and take pride in it. We participate in our community through attending and volunteering.

We look out for our fellow cadets both on and off campus.

We trust ourselves and each other to abide by the policies and expectations of the Youth Leadership Academy.

We speak up about important issues because each voice does make a difference.

Student's Signature _____

Date _____



Parent/Legal Guardian Commitment:

Please read each item below and **check or initial next to each statement** to indicate that you understand it and agree to it.

_____ If my/our child is selected for this program, I/we agree that I/we will support my/our child in meeting all of the requirements of the Academy, including staying out of gangs, not consuming drugs or alcohol, and getting the best grades in school. I/we understand that if my/our child does become involved in gangs, drugs, alcohol or any form of illegal activity, my/our child will be dropped from the YLA program.

_____ I/we also understand that I/we will be required to attend a certain number of YLA Parent Meetings each year in order for my/our child to stay in the program.

_____ I/we also understand that the YLA primarily serves youth from low-income families, and thus I/we are **attaching a copy of at least the first two pages of our family's most recent (2019) Federal 1040 form which lists the student applicant as a dependent**. By submitting this form, I/we also are disclosing that I/we do not receive any additional non-reported income.

_____ I/we also understand that I/we must reside in Elgin Community College District 509 to be eligible for this program and its benefits. This geographical area includes Illinois School Districts U-46, D300, D301 and D303. This also means that if I/we move outside of this ECC District 509, we will alert the YLA as soon as possible.

_____ I/we understand that if at any time while my/our child is in the YLA program, my/our child's academic grades fall below minimum standards (2.5 GPA) after two consecutive progress reports, and my/our child does not participate in academic tutoring support programs, my/our child may be dropped from the YLA program.

_____ I/we understand that the YLA has a dress code and thus will ensure that my/our child will be dressed appropriately for each YLA activity.

_____ I/we understand that the YLA has an attendance policy that requires my/our child be present for approximately 20 Saturday mornings (9:00 am – 12:00 pm) as scheduled each year. This means I/we will secure transportation to and from Elgin Community College for my/our child in order that my/our child may participate in YLA.

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

Parent/ Legal Guardian Signature: _____

Date: _____