



Complete Application Packet Includes:

- Student Application (Form A)
- Parent Information (Form B)
- Personal and Professional Goals (Form C)
- Parent Consent Form (Form D)
- Medical Consent and Health History (Form E)
- Program Policies and Procedures (Form F)
- LULAC Council Sponsorship Form (Form G)
- Travel Arrangements Form (Form H)
- One-page Topic paper
- `High School Transcripts

DEADLINE: SEPTEMBER 4, 2009 (6:00PM EST)

Send completed application to:
LULAC, Attn: Elizabeth Garcia
2000 L Street, NW, Suite 610, Washington, DC 20036
Phone: (202) 835-9646 - **FAX** (202) 835-9685
egarcia@lulac.org

*Applications will not be processed until ALL information has been received.
Late applications will not be considered.*

*Selected participants will be notified on September 8, 2009 before midnight via email.
Please be sure to provide a working email with this application.*





PROGRAM OVERVIEW

Description: The seminar offers a once in a lifetime chance for students to voice their opinions to national leaders who can make a difference. It challenges participating youth to focus on their own leadership development and continue to work when they return to their home communities. Participants are recommended by LULAC Councils to serve as representative of their home states. Once in Washington D.C., students work with LNESC staff and LULAC leaders from across the country to develop a platform on items of particular interest to Hispanic youth. After meeting with key players in the issue and discussions with think tank representatives, participants collaborate on a position piece, which is then sent to their congressional leaders. In past years, students have focused on issues as varied as gun control, education and immigration. This year the topic is Healthcare Reform.

Focus:

- Energy and Science Focus
- Developing Ethics
- Developing Self-Esteem
- Understanding the role of a leader
- Problem Solving
- Team Work
- Development of Leadership Skills
- Data Analysis
- Presentation Skills
- Leadership by Example

Schedule: Sessions and events scheduled to begin with morning wake-up call (8 am) and ending with lights out (10-11pm).

Days include the following events:

- Discussion and lecture sessions
- Cultural Trips/Tours
- Case Study
- Research and problem solving
- Recognition and presentation banquet

Sponsoring LULAC Councils: LULAC Councils wishing to sponsor a student to attend the Washington Youth Leadership Seminar must provide the student with one round trip airline ticket to Washington, D.C. and \$100.00 to cover incidental expenses. A LULAC Council may sponsor no more than one student to attend the Washington Youth Leadership Seminar and **may not** request that neither the student nor the student’s parents pay for the airfare or the \$100 spending money.

LNESC will provide the following:

- Housing accommodations during the WYLS;
- Group meals;
- Program materials;

LULAC will provide the following:

- Leadership training.

WYLS Participant Requirements:

- Must be an incoming High School Junior or Senior;
- Must be sponsored by a LULAC Council
- Must have high academic achievement and extra curricular involvement;
- Must have active involvement in leadership and community activities;
- **Must submit a copy of a current transcript.**
- Applicants must complete application Forms (A, B, C, D, E, F, G) by **September 4, 2009 by 6:00pm (est).**
 - Form H is due on September 22, 2009 with flight info.
 - Also students must request permission from school for the days missed while in Washington, D.C.





PARTICIPATING IN THE WASHINGTON YOUTH LEADERSHIP SEMINAR

Selection: Students and LULAC Councils will receive notification upon their acceptance into the program. Participants selected to attend the program will be notified by **September 8, 2009**, so airline tickets can be purchased. We strongly urge LULAC Councils to postpone making advance travel arrangements or ticket purchases until they have received notification from LULAC on the selection of the sponsoring LULAC Council's participant.

Travel: The sponsoring LULAC Council is responsible for providing the participant they send with a round trip airline ticket to Washington, D.C.

In making your travel arrangements keep in mind the following points:

- Use Washington's Ronald Reagan National Airport. Plan to arrive on Wednesday, September 30, 2009 between 8:00 am and 5:00 pm—**NO LATER**.
- **DO NOT** fly into Dulles National or Baltimore/Washington Airport. The cost to the taxi will be approximately \$60 each way. This cost will be at your own expense.
- Ground transportation to and from Reagan National Airport will be provided by LNESC.
- Upon arrival look for staff members with signs in Baggage Claim. If you miss each other, stay in the baggage area and wait there. Please do not wander off. It is important if you have a cell phone number that you provide it in your application so it may facilitate picking you up from airport.
- Plan to leave Washington on Sunday, October 4, 2009 between 9:00am and 2:00 pm.
- If you wish to stay in Washington longer, you will need to provide us with a letter from your parents giving you permission and stating the responsible party that will pick you up.
- Complete and return the travel and arrangements Form H on or before September 22, 2009. FAX and email submissions are acceptable.

Dress: You are expected to dress in a business-like fashion. **Do not over pack.** You will be walking a lot and will have your picture taken each day. With this in mind, we suggest the following:

- **Young Men:** In addition to casual attire for traveling days bring one or two suits or a sport jacket with two or three pairs of matching or coordinating slacks. Two or Three shirts, with matching ties. Sweater vests are suitable. Comfortable dress shoes to match. Remember we will be walking from Metro (subway) stations to appointments/meetings.
- **Young Women:** In addition to casual attire for traveling days bring three or four dresses and/or dress suits (either with skirts or slacks). Bring two outfits for the Thursday meetings and Friday evening banquet. It should be dressy, but not formal. Comfortable shoes with low or no heels for day activities. Remember we will be walking from Metro (subway) stations to appointments/meetings.

The temperature in Washington at this time of the year is approximately 50° to 70° F during the day and as low as 40° to 60° F at night. It is advisable for all to bring a sweater or light jacket. Check the internet at www.wjla.com.

Hotel: Hotel information will be provided upon acceptance to attend the Washington Youth Seminar.

Identification: To enter Government buildings (Capitol, Pentagon) you must have identification with your picture on it. The Pentagon requires a driver's license/ state issued ID and Social Security card. A tour is tentatively scheduled at this time; however, due to new security precautions the Pentagon can cancel it at the last minute.

Cameras: Most places you will visit will allow you to take pictures. If you bring a disposable camera, you should buy enough film at home since film prices in Washington can be expensive. Three rolls of film should be plenty.

Valuables: When traveling it is often advised to leave your valuables at home. Sometimes these items are forgotten or lost and can never be replaced. Be careful in deciding which items to bring.

Spending Money: The LULAC Council will provide each sponsored student with \$100 for spending money to cover some meals not provided by the seminar and for incidental expenses.

Washington Youth Leadership Seminar
“Understanding Healthcare Reform and its
Impact on the Latino Community”
September 30, 2009- October 4, 2009



What **TO** Bring:

- Camera
- Toiletry items (toothpaste, toothbrush, shampoo, deodorant, etc.)
- Hat
- Sunscreen
- Sunglasses
- Clothes that can get dirty
- Walking shoes
- Writing utensils
- At least one set of business professional attire

What **NOT** to Wear:

- Handheld gaming devices
- A-shirts
- Cut off shirts
- T-shirts with profanity, gang or drug slogans, or any inappropriate slogans
- Halter tops
- Tube tops
- Spaghetti strap tops
- Shorts/Skirts that are shorter than 4 inches above your knee

What **NOT** to Bring (will be provided):

- Towels
- Bedding (sheets/pillow cases)
- Wash cloths
- Pillow
- Blanket

→ Cell phones will be permitted. However, they must stay in silent at all times and use will only be allowed during specified times. If students use cell phones out of dorms during non-allocated times, they will be confiscated by program staff for the duration of the program.

→ Prescription Medication- Must be physician prescribed. Must include parental letter stating: time and frequency to be taken, food or drink needs (must be taken with food, 8 oz of liquid etc.) and **ALL** possible side effects.



Washington Youth Leadership Seminar
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 September 30, 2009- October 4, 2009

STUDENT APPLICATION-FORM A

STUDENT (APPLICANT) COMPLETES THIS SECTION

Please print or type. Do not leave any blanks. Enter 0 (zero) or N/A if not applicable. Blank spaces will delay processing and may cause your application to be incomplete.

Last Name	First Name	Middle Initial	Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, than please provide country of origin _____	

Information below will be used to request clearance into U.S. government buildings.

 Social Security Number (If SSN is unavailable, provide Student ID #)

Mailing Address	City	State	Zip Code
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Home Phone	E-mail Address
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Shirt Size Small Medium Large X-Large 2X-Large

School Information

Current Grade Level: 11th 12th _____
 Cumulative, Non-weighted GPA*

School _____

School Mailing Address	City	State	Zip Code
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Optional Information

The information you provide will be kept confidential and will be used for administrative purposes only.

How did you hear about us? _____

American Indian* African American Asian or Pacific Islander Latino/Hispanic
 White/Non-Hispanic Other: _____

*Are you an enrolled member of a tribe?
 Apache Navajo Pueblo (including Hopi)
 Southern Ute Native Alaskan Other tribal group: _____

Primary language spoken in your home _____

Secondary language spoken in your home _____

***Please provide a copy of your high school transcript with your application.**
(Both official and unofficial copies will be accepted.)





Washington Youth Leadership Seminar
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INFORMATION – FORM B

Please print or type. Do not leave any blanks; enter 0 (zero) or N/A if not applicable. Blank spaces will delay processing and may cause application to be incomplete.

Mother: _____
 Last Name First Name Middle Initial

 Mailing Address City State Zip Code

 Home Phone Cell Phone E-mail Address

Education Level (last grade completed or diploma/degree received) _____

Occupation: _____

Employer Name _____ Work Phone _____

Father: _____
 Last Name First Name Middle Initial

 Mailing Address City State Zip Code

 Home Phone Cell Phone E-mail Address

Education Level (last grade completed or diploma/degree received) _____

Occupation: _____

Employer Name _____ Work Phone _____

Legal Guardian(s):
 Please indicate relationship to the student _____

 Last Name First Name Middle Initial

 Mailing Address City State Zip Code

 Home Phone Cell Phone E-mail Address

Education Level (last grade completed or diploma/degree received) _____

Occupation: _____

Employer Name _____ Work Phone _____





Washington Youth Leadership Seminar
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PERSONAL AND PROFESSIONAL GOALS- FORM C

Are you planning to attend college after graduation? Yes No

If “yes” do you plan to:

if “no” do you plan to:

Attend a 4 year college

Work

Attend a 2 year college

Military Service

Other

If you are planning on attending college, what would you like to study? _____

What profession do you anticipate having a career in? _____

Whose leadership skills do you admire and why?: _____

What type of extracurricular activities do you participate in whether at school or outside of school? (sports, clubs, band, volunteer organizations, church groups coaching, etc.) _____

- **ESSAY:** Type a 1-page essay (approx. 400 words, 12 point size, double-spaced) describing your views on: Why is healthcare reform an important issue for Latinos and how are they affected? What changes are necessary to reform the healthcare system?





Washington Youth Leadership Seminar
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PARENTAL CONSENT-FORM D

I hereby give permission for my son/daughter to attend the Washington Youth Leadership Seminar (WYLS) in Washington, DC. I understand accommodations will be provided at local hotel, and LULAC members/ staff as well as LNESC staff will serve as chaperones 24-hour per day in the hotel and during all daily activities. My son/daughter will be required to comply with the WYLS rules and regulations, as well as all Federal, State and Local laws and regulations.

I further understand that the WYLS will provide security and will supervise all planned activities of my child. However, all students must be in compliance with and abide by all rules, regulations and policies established by the WYLS. It is to be understood that LULAC/LNESC cannot be held responsible for any “Act of God” or unforeseen incident that might occur on the part of any commercial carrier from the point of origin to Washington, DC and return. LULAC/LNESC shall not be liable or responsible for any injury, loss, damage, or delay resulting from any act or neglect of any person or company whose services are retained by LULAC/LNESC for the benefit of programs participants, including but not limited to hotels, restaurants, tour agencies, or transportation companies. Furthermore, LULAC/LNESC cannot be held responsible for any act, error or omission on the part of any program participants.

If the student decides to leave the WYLS voluntarily before the advertised end date, the WYLS will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after he/she leaves the custody of WYLS chaperones. All emergency leave expenses will be at the expense of the student and /or parent and/or agency. The Washington Youth Seminar reserves the right to disenroll a student at any time due to a violation of any rule, regulation or policy established by the WYLS.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from one’s own actions, the actions or inaction of others, or a combination of both. I understand certain rules and regulations are designed for the safety and protection of participants and the Washington Youth Leadership Seminar employees and I hereby undertake to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health; that being physical, mental and emotional, and that each person has a different capacity for participating in these activities. The WYLS shall not be liable for any injury to my person or loss to my personal property arising from, or in any way resulting from my voluntary participation in these activities. I declare having read and fully understand this parental permission form and informed consent agreement in its entirety and hereby consent to participation acknowledging all foregoing. I also declare that all information provided in this application packet to be true and accurate.

I give permission to the Washington Youth Leadership Seminar to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes.

Print Participant’s Name Participant’s Signature Date

Print Parent/Legal Guardian’s Name Parent/Legal Guardian’s Signature Date





Washington Youth Leadership Seminar
“Understanding Healthcare Reform and its
Impact on the Latino Community”
September 30, 2009- October 4, 2009

MEDICAL CONSENT AND HEALTH HISTORY-FORM E

A medical provider will need this form before treating a minor’s illness or injury. It should accompany the student when seeking medical treatment.

Name of Student: _____

Date of Birth: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Business Phone: _____

Emergency Contact: _____ Phone: _____

If the student has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.). Use reverse side if necessary.

Has the student had any major illness during the past year? _____ If so, please explain: _____

Date of last tetanus injection: _____ Are contacts or glasses worn? _____

Does the student take any prescribed or over-the-counter medications? _____ If so, what are they? _____

Allergies to medications, food, etc.: _____

Primary care physician’s name: _____

Address: _____ Phone: _____

PARENT OR GUARDIAN AND WITNESS READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to medical personnel to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____

Form A-4; g:\shc_data\admin\gendocs\medrecs\admin\parcons.doc— Eff. 5/92; Revised 3/98, 4/02, 4/03





Washington Youth Leadership Seminar
“Understanding Healthcare Reform and its
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LULAC COUNCIL SPONSORSHIP –FORM G

All students applying for the WYLS must confirm their sponsorship via a LULAC Council. Applicants who do not meet this criteria will not be considered.

LULAC Council # : _____ City/State: _____

Sponsoring LULAC Councils: LULAC Councils wishing to sponsor a student to attend the Washington Youth Leadership Seminar **must** provide the student with one round trip airline ticket to Washington, DC and \$100.00 to cover meals and incidental expenses. A LULAC Council may sponsor no more than one student to attend the Washington Youth Seminar and **may not** request that neither the student nor the student’s parents pay for the airfare or the \$100 spending money.

Selection: Students and LULAC Councils will receive notification upon their acceptance into the program. We strongly urge LULAC Councils to postpone making advance travel arrangements or ticket purchases until they have received notification from LULAC.

Travel: The sponsoring LULAC Council is responsible for providing the participant they sponsor with a round trip airline ticket to Washington, DC.

LULAC will notify the following people of the student’s acceptance to the Leadership Program. Participants selected to attend the program will be notified by September 8, 2009 so airline tickets can be purchased.

Sponsor

LULAC Council #: _____ City/State: _____

Name of Council Contact Person _____

Home/Cell Phone #: _____ Work Phone #: _____

Email address: _____

Please do not purchase airline tickets until you have been notified your student was admitted.





Washington Youth Leadership Seminar
“Understanding Healthcare Reform and its
Impact on the Latino Community”
September 30, 2009- October 4, 2009

TRAVEL ARRANGEMENTS- FORM H

The sponsoring LULAC Council is responsible for providing the participant with a round trip airline ticket to Washington, D.C.

In making your travel arrangements keep in mind the following points:

- Use Reagan National Airport. Plan to arrive on Wednesday, September 30, 2009 between 8:00 am to 5:00pm.—**NO LATER.**
- DO NOT fly into Dulles National or Baltimore/Washington Airport. The cost to the taxi will be approximately \$60 each way. This cost will be at your own expense.
- Ground transportation to and from Reagan National Airport will be provided by LNE SC.
- Upon arrival look for staff members with signs in Baggage Claim. If you miss each other, stay in the baggage area and wait there. Please do not wander off. It is important if you have a cell phone number that you provide it in your application so it may facilitate picking you from airport.
- Plan to leave Washington on Sunday, October 4, 2009 between 9:00am and 2:00 pm.
- If you wish to stay in Washington D.C. longer, you will need to provide us with a letter from your parents giving you permission and stating the responsible party that will pick you up.
- Complete and return the travel and arrangements Form H and copy of official flight itinerary on or before September 22, 2009.
 - FAX & Email is ok.

IMPORTANT TRAVEL INFORMATION

STUDENT NAME: _____ CELL PHONE #: _____

Arrival between 8:00am – 5:00pm Wednesday, September 30, 2009

Departure Time: _____ Departure City: _____

Airline Carrier & Flight #: _____ Arrival time in Washington, D.C: _____

Departure before 2:00 pm, Sunday, October 4, 2009

Airline Carrier: _____

Departure time: _____ Departure City: Washington, D.C. (DCA) Flight #: _____

Submit form by September 22, 2009 to Elizabeth Garcia by fax at (202) 833-6135 email EGarcia@LULAC.org

