

Faces of Change Application

Deadline for postmark on mailed applications: **February 14**

| Last Name | First | Middle | 2 |
|-----------------------------|---|---------|-------------------------|
| Mailing Address | City | State | Zip |
| Phone Number | Email | | |
| Age | Gender | | |
| Best way to contact:PhoneEn | nailMail | | |
| | nicity: American Indian eOther (please sp | | icific Islander ———— |
| Please tell us about you | r disability (or disabil | ities): | |

| Electronic For Braille | | ition (for the event) are Attendant (PCA) |
|---|--|--|
| Wheelchair Ac | | |
| | e InterpreterAssisted Li | |
| Other (please | describe): | |
| Please list any dietary re | strictions: | |
| Education and Cor (Attach page if extra space need | nmunity Involvement | |
| Current or Highest Level | l of Education Obtained: | |
| Name of High School or | College Currently Attending: _ | |
| Expected Graduation Da | te: | |
| Below, please list and briefly activities. | describe your involvement in school | ol and community |
| School Activities: | | |
| Organization/Activity | <u>Leadership Position</u> (Include when position was held) | <u>Dates</u> (From when to when) |
| | | |
| | | |
| | | |
| | | |
| | | |

Community/Volunteer Activities:

| Organization/Activity | <u>Leac</u> (Incl | dership Position ude when position was he | eld) (Fro | es om when to when) |
|-------------------------------|----------------------|--|--------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Employment: | | | | |
| Name of Business or Organizat | <u>ion</u> | <u>Description of Du</u> | <u>tties</u> | Dates Employed |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Contacts | | | | |
| How did you hear about th | is prog | gram? | | |
| Emergency Contact: Phone: | Se | Rocondary Phone: | elationship | : |
| rnone: | Se | econdary Phone:_ | | |

Required Attachments

- 1. An essay addressing the following:
 - What is your idea of leadership?
 - Tell us two leadership qualities you already have and two leadership qualities you need to work on.
 - Tell us about the leadership activity you participated in that you are most proud of and why.
 - Tell us about the most challenging leadership activity you have participated in and include why it was challenging for you.

Note: Essay is to be exactly one page, written in 12 point Times New Roman font, double-spaced, and formatted with 1 inch margins.

- 2. Completed and Signed Letter of Commitment
- 3. Two Letters of Recommendation
 - Select two individuals to provide letters of recommendation for you. These individuals must be over the age of 21 and cannot be related to you. They also need to be people who have seen you act as a leader and can describe your leadership skills. Both references are to be submitted as a part of your application packet. Each reference must be in a sealed envelope, with the seal signed by your reference. Please refer to the attached reference forms for more information.

Please use the checklist below to ensure your application packet is complete. *All questions must be answered and requested letters and information provided. If any part is missing, the application will be removed from consideration.*

| Required Item | Enclosed |
|--------------------------------------|----------|
| 1. Application form | |
| 2. Typed response to essay questions | |
| 3. Letter of commitment | |
| 4. Two completed references | |

If you have any questions, contact: Faces of Change Coordinator faces@kyea.org or 785.215.6655

Please return completed applications to: Kansas Youth Empowerment Academy Faces of Change 517 SW 37th St. Suite B Topeka, KS 66611 Email to: faces@kyea.org



Letter of Commitment

Faces of Change

| 1, | | , am aware I am commi | tting to the following: |
|--------|---|---|---|
| • | attend all events unless of | es of Change training weekend herwise arranged with the Face s up to <i>two</i> sessions before I m | es Coordinator. I |
| • | If I am to miss an event, I week in advance. If, in the to give proper notice, I wil In the case of my absence, to obtain my make-up wor Coordinator at the date of | 3 | emergency, I am unable as soon as possible. g the Faces Coordinator |
| • | first meeting. | idelines and rules as laid out ar sy service project to the best of | |
| of Cha | ange program with the poss | these requirements, I could be sibly of participating at a difference ove mentioned commitments. | |
| Please | e list any possible interferin | g commitments you are curren | tly aware of: |
| | | | |
| | | | |
| ——Nam | e of Participant | Signature | Date |

Reference Form

| TO THE APPLICANT (PLEASE PRINT OR TYPE) | | |
|---|--|--|
| Name (Last) | (First) | (Middle) |
| City | State | Zip |
| The Faces of Change Selection comments will be used for se | | this form by February 14. The |
| I(the ap complete this reference so I Academy for the Faces of Ch | may be considered by the K | |
| Applicant or | Guardian Signature | |
| TO THE REFERENCE | | |
| program created by the Kan Committee attaches conside | sas Youth Empowerment Ad rable weight to the statement mindful of the time necessa | lange, a leadership development cademy. The Selection nts made by the references of the ary to prepare this reference and |
| | eal. Please make note that t | applicant in a sealed envelope the applicant must submit their ruary 14. |
| Name of Reference | | |
| Relationship to Applicant How long have you known to | | |
| TIOW TOING HAVE YOU KNOWN L | ne applicant: | |

Please address the following questions in your letter:

Phone Number

- In what ways have you seen the applicant work as a leader?
- How would you describe the applicant's leadership style and abilities?
- Please provide a specific example in which you have seen the applicant's leadership abilities at work.

Mailing Address_____

• What areas of leadership do you see a need for improvement on for the applicant?

Reference Form

| TO THE APPLICANT (PLEASE PRINT OR TYPE) | | |
|---|--|---|
| Name (Last) | (First) | (Middle) |
| City | State | Zip |
| The Faces of Change Selection comments will be used for selection | | this form by February 14. The |
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| Applicant or G | uardian Signature | |
| TO THE REFERENCE | | |
| program created by the Kansa Committee attaches considera | as Youth Empowerment A able weight to the stateme nindful of the time necess | nange, a leadership development cademy. The Selection ents made by the references of the ary to prepare this reference and |
| | al. Please make note that t | applicant in a sealed envelope the applicant must submit their ruary 14 . |
| Name of Reference | | |
| Relationship to Applicant How long have you known the | | |
| 11011 10115 Have you known the | 11ppiicuii | |

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Mailing Address_____

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