

**Youth in Action (YA!) Latino Youth Leadership Program  
MINNEAPOLIS COHORT  
Student Application for 2019-2020 Program Year**

**YOUTH IN ACTION (YA!) - PROGRAM OVERVIEW**

The goal of the Youth in Action (YA!) Program is to empower Latino youth to become future leaders, providing their families and community mentors with the tools necessary to support their dreams and nurture their potential. Our objective is to remove socioeconomic and language barriers to their success. With a holistic approach to family and community wellbeing, our program develops an environment where community members collaborate in supporting Latino families. The YA! Program recruits “Coaches” or mentors in support of students on their path to success. In result, parents are equipped with the knowledge and resources to support their students’ success while the students develop the tools to overcome barriers and realize their goals for the future.

Youth participants are paired with mentors who guide them during structured group sessions and participate with them in organized program events. These mentors get to know the students on an individual basis and maintain relationships with them to foster their personalized development of leadership skills. Student-mentor pairs also have the opportunity to engage in approved one-on-one activities after notifying their parents and program staff. Together, program staff and mentors provide guidance through the challenges of leadership development, educational attainment, higher education exploration and career preparation to the next generation of leaders in our community.

Designed for the parents of students in YA!, Parent Leadership sessions prepare parents with the skills and tools to support their students in achieving academic success while overcoming barriers regardless of their personal education and English language levels. Through participation in group sessions, parents build knowledge to plan for their student’s post-secondary education while gaining tools for establishing boundaries and setting high expectations for their students. Through this family and community-centric approach, our program accomplishes its goal of empowering Latino youth to become future leaders.

YA! also includes a civic engagement curriculum focused on topics such as community problem solving, local and national governing bodies, the formation and changing of laws, advocating for a cause and bettering your community. These topics will be actively guided by student interest in order to empower youth with the knowledge and know-how to actively pursue positive change in their communities. To complement the students’ civic engagement learning, YA! staff will also explore and develop service-learning opportunities for youth. These opportunities will allow students to apply their understanding of civic engagement by giving back to their community and creating positive change in the world around them. These experiences will also offer students meaningful exposure in a variety of professional fields.

Coaching Institutes begin with a kick-off in September, and then are held on the third Saturday of each month, October through June. Students must have those days available. Parent Sessions are held three times a year; we expect parent commitment to the program.

**FINAL APPLICATION DEADLINE for 2019-2020 Program Year: Friday, JUNE 7, 2019**

## YOUTH IN ACTION (YA!) - APPLICATION REQUIREMENTS

- Applicants must be Latino students entering 9<sup>th</sup> or 10<sup>th</sup> grade.
- Applicants must meet one of the following requirements:
  - a) Have a 2.5 GPA
  - b) Provide proof of a grade increase of 0.5 over the last semester
  - c) Submit an essay describing their ambition to raise their GPA and goals describing how they plan to do so.
- Applicants must complete all application forms and include the following with their application:
  1. An official transcript
  2. A Personal Statement Essay (*see guidelines for Student Statement of Interest Below*)

## YOUTH IN ACTION (YA!) - APPLICATION SUBMISSION

Completed applications with all required forms must be submitted to CLUES by Friday, June 7, 2019.

- Applications can be submitted via email to:  
YA! Minneapolis – Karina Genis at [kgenis@clues.org](mailto:kgenis@clues.org)
- Applications can also be mailed or hand delivered to CLUES Minneapolis:  
CLUES  
Attn: Karina Genis, YA! Minneapolis  
720 East Lake Street  
Minneapolis, MN 55407

If you have **questions**, please contact **Karina Genis** by email at [kgenis@clues.org](mailto:kgenis@clues.org) or call **(651) 379-4214**.

## STUDENT STATEMENT OF INTEREST

Please attach an essay (**at least 400 words**) to your application responding to the following questions:

1. Why do you want to be part of the Youth in Action (YA!) Program?
2. What are your goals in high school?
3. What are your goals for after high school?



**APPLICANT DEMOGRAPHICS**

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Applicant Cell Phone: (\_\_\_\_) \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Preferred Method of Contact:  Text  Call  Email  Other \_\_\_\_\_

Gender:  Female  Male  Transgender Female  Transgender Male  Other \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Race: (choose all that apply) Ethnicity: Languages: (choose all that apply)  
 American Indian/Alaskan Native  Hispanic  Spanish  
 Asian  Non-Hispanic  English  
 Black/African American  Portuguese  
 Caucasian/White  Other \_\_\_\_\_  
 Hawaiian Native / Other Pacific Islander  
 Other \_\_\_\_\_ Preferred Language(s): \_\_\_\_\_  
Spoken Written

Are you currently or have you ever experienced any of the following? (please check all that apply)  
 Limited English language ability  Behind 2 or more grades in school  Unstable housing  
 Pregnant  A parent (number of children living with you \_\_\_)  A single parent  
 Chemically dependent or in recovery  Other \_\_\_\_\_

Have you ever been convicted of a crime?  No convictions  Been on Probation  Convicted of misdemeanor(s)  
 Convicted of felony(s)  Other conviction (Please specify: \_\_\_\_\_)

**APPLICANT HOUSEHOLD**

Current Living Situation: (Who do you live with?) Do you, or anyone you live with, receive any of the following?  
(please check all that apply to you and/or anyone in your house)  
 Parent(s) or primary guardian(s)  Free or reduced school lunch  
 A family member or relative  Food support (SNAP or EBT)  
 A friend  TANF or MFIP  
 On your own  Refugee assistance  
 In campus housing  General assistance (cash only)  
 Homeless  Other assistance \_\_\_\_\_

How many people (including yourself) are currently living in your household? \_\_\_\_\_

What is your household's (combined earnings of all working adults) average annual income? \_\_\_\_\_

**APPLICANT EDUCATION**

Are you currently a student?  Yes  No **If “no” what is the highest level of education successfully completed?**  
 Middle School  GED  Bachelor’s Degree  
 Some High School  Some College  
 High School Diploma  Associates Degree

*If “yes”, please answer the following:*

**Middle and High School Students:**  
 School Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Grade level for 2019-2020: \_\_\_\_\_  
 Current grade point average (GPA): \_\_\_\_\_  
 Do you have an IEP?  Yes  No  
 Do you have a 504 Plan?  Yes  No  
 If “yes” please describe: \_\_\_\_\_  
 Will you be changing schools for 2019-2020?  Yes  No  
 If “yes”, new school name: \_\_\_\_\_

**College Students:**  
 School Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Current college year: \_\_\_\_\_  
 Current grade point average (GPA): \_\_\_\_\_  
 Enrollment status:  Full-Time  Part-Time  
 How many credits are you taking? \_\_\_\_\_  
 Major focus of study? \_\_\_\_\_  
 Minor focus of study? \_\_\_\_\_  
 Anticipated graduation date: \_\_\_\_\_

**APPLICANT EMPLOYMENT**

Are you Employed?  Yes, Full-Time  Yes, Part-Time  No, not employed  No, not in the workforce  
 Current or Last Place of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
 Position/Job Title: \_\_\_\_\_ Start Date/End Date: \_\_\_\_\_ - \_\_\_\_\_  
Start date End date

**APPLICANT MEDICAL INFORMATION / ALLERGIES**

*(Please answer the questions below to the best of your ability so that CLUES Youth Services staff are more able to fully support and serve you. Your answers will not be shared with anyone outside of the CLUES Youth Services department without your expressed written consent.)*

Do you have a diagnosed medical or mental health condition that CLUES staff should know about?  Yes  No  
 If “yes”, please specify \_\_\_\_\_

Do you have a diagnosed disability or impairment that CLUES staff should know about?  Yes  No  
 If “yes”, please specify \_\_\_\_\_

Do you have any allergies (food, medication, etc.) that CLUES staff should know about?  Yes  No  
 If “yes”, please specify \_\_\_\_\_



**REQUIRED IF UNDER 18 – PARENT(S) OR GUARDIAN(S) CONTACT INFORMATION**

**PARENT / GUARDIAN 1:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

**PARENT / GUARDIAN 2:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

**REQUIRED IF OVER 18 – EMERGENCY CONTACT INFORMATION**

**Primary Emergency Contact Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Secondary Emergency Contact Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**APPLICANT REFERENCE**

*(Ideas: a teacher or school staff member, a supervisor or coworker, a mentor, a coach, a youth group leader, etc...)*

Name of Reference: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Reference Phone: (\_\_\_\_) \_\_\_\_\_ Reference Email: \_\_\_\_\_

**APPLICANT AUTHORIZATIONS**

The information I have provided on this application is true to the best of my knowledge. I agree that the information on this form may be shared among CLUES staff to serve me within the Agency. In addition, I give my permission for CLUES to release the above information and any information regarding my program enrollment and participation, progress, test scores, assessments and evaluations, work readiness level, internship placement, and any payments received through this program, to internship placement sites, employers, the MN Department of Education, the MN Department of Employment and Economic Development, and any other agencies providing funding and/or support services for programs through which I am receiving services.

\_\_\_\_\_  
Applicant Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Parent/Guardian Signature (if applicant is under the age of 18) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year