

Youth in Action (YA!) Latino Youth Leadership Program
SAINT PAUL 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 second 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 9th or 10th 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! Saint Paul - Tanya Zwald at tzwald@clues.org
- Applications can also be mailed or hand delivered to CLUES Saint Paul:
CLUES
Attn: Tanya Zwald, YA! Saint Paul
797 East 7th Street
Saint Paul, MN 55106

If you have **questions**, please contact **Tanya Zwald** by email at tzwald@clues.org or call **(651) 379-4235**.

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)*

- American Indian/Alaskan Native
- Asian
- Black/African American
- Caucasian/White
- Hawaiian Native / Other Pacific Islander
- Other _____

Ethnicity:

- Hispanic
- Non-Hispanic

Languages: *(choose all that apply)*

- Spanish
- English
- Portuguese
- 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?)*

- Parent(s) or primary guardian(s)
- A family member or relative
- A friend
- On your own
- In campus housing
- Homeless

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)

- Free or reduced school lunch
- Food support (SNAP or EBT)
- TANF or MFIP
- Refugee assistance
- General assistance (cash only)
- 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