

Live Your Legacy Leadership Summit APPLICATION

June 16-22, 2019

Native Am



STUDENT INFORMATION FORM

Student Information

Last Name: _____ First Name: _____ Middle: _____

Nickname or preferred Name: _____ Student Email _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone Number: _____ CELL Phone Number: _____

Gender: _____ Date of Birth: _____ T-shirt size: Adult Small ___ Medium ___ Large ___ X-Large ___

Please check all that apply to you.

- Native American Non-Hispanic Asian American African American
- Latino White
- Hispanic Other, please specify: _____

School

School you currently attend: _____

City: _____

Name of school official recommending you: _____ Phone: _____

In the summer of 2019, I will be a rising 10th grader 11th grader 12th grader

Parent / Guardian Contact Information

Mother/Guardian name _____ Email: _____

Place of work: _____

Day/Work phone _____ Evening/cell Phone: _____

Father/Guardian name _____ Email: _____

Place of work: _____

Day/Work phone: _____ Evening/cell Phone: _____

Additional Information

Please list any organizations, groups, or afterschool activities that you belong to and any volunteer work that you do in the community.

Live Your Legacy Leadership Summit APPLICATION

June 16-22, 2019

List at least 3 great reasons why you should be selected to attend this Summit. Use a separate sheet for your answers if needed.

What do you hope to get out of this Leadership experience?

Are there any personal, family or special circumstances that may be useful to know in evaluating your application?

What hobbies and careers are you interested in? Name as many as you want.

ANY additional questions or thoughts?

Student Signature

Date

PARENT OR GUARDIAN INFORMATION FORM

I would like my daughter/student to attend the Live Your Legacy Leadership Summit because:

Please advise us of any problems or concerns that the camp director and counselors need to know that may prevent your daughter/student from fully participating in camp activities and field trips (Examples: allergies; never been away from home; shyness; needs encouragement). All information will be held in confidence and only the camp director, counselors, or other qualified persons will have access to this information.

_____ **HAS MY PERMISSION TO ATTEND THE 2019 Live Your Legacy Summit**

at Western Carolina University's Campus.

I understand that during camp students live on the Western Carolina University's Campus in Cullowhee, NC and that this will be a supervised residential experience.

Parents or Guardians, or students who will have signed permission forms to drive themselves to the camp, will be responsible for transportation to camp on **Sunday, June 16, 2019 by noon** and for transportation back home on **Saturday, June 22, 2019** with parent/guardian pick up at noon for the closing ceremony.

Name of Parent or Guardian (please print)

Signature of Parent or Guardian – (Can type in your name)

Date

Application Deadline: Friday April 5th 2019

Please sign and mail/email to: i.b.mee. Enterprises
Attn: Meg Hanshaw
16 Audubon Dr.
Asheville, NC 28804 OR email: meg.hanshaw@ibmee.org

FACULTY RECOMMENDATION FORM

DEADLINE FOR SUBMISSION: Friday, April 5th 2019

Name of Student: _____
(Please Print)

1. Why would this student benefit from attending the Live Your Legacy Summer Camp?

2. Give an example of how this student respects others.

3. Please give an example of when this student has been responsible and/or dependable.

4. Will student be comfortable with students of other racial or ethnic backgrounds? Yes No

5. Are there any concerns or issues about this student that the camp director/counselors should be aware of (i.e., never been away from home; student is shy; needs encouragement; family hardships; problem attitude; violent or angry; doesn't want to be part of a team)?

6. How long have you known this student? Less than 1 year 1-3 years More than 3 years

7. Additional comments:

I, Recommended Recommend with reservation Do not recommended

I am also verifying this student has a C or above grade point average.

Name (Please Print or Type)

School

Phone Number

Signature

Position

Request for Scholarship

Filled out by PARENT OR GUARDIAN

I/We would like for *(student name)* _____ to attend the Live Your Legacy Summer Camp. The total cost for the camp is \$1500. Payment plans available.

We can pay this amount for the Summit *(please check.)*

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| 1. <input type="checkbox"/> \$300.00 | 4. <input type="checkbox"/> \$600.00 | 7. <input type="checkbox"/> \$800.00 |
| 2. <input type="checkbox"/> \$400.00 | 5. <input type="checkbox"/> \$700.00 | 8. <input type="checkbox"/> \$900.00 |
| 3. <input type="checkbox"/> \$500.00 | 6. <input type="checkbox"/> \$800.00 | 9. <input type="checkbox"/> \$1000.00 |

OTHER AMOUNT _____

I would like to work out a payment plan. Yes _____

Number of people living in the household, including this child:

- 1 2 3 4 5 6 more than 6 *(please indicate number)* _____

Average annual income level for the household *(please check one)*

- | | | |
|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> \$0 - \$19,999 | <input type="checkbox"/> \$50,000 – \$59,999 | <input type="checkbox"/> \$90,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$100,000+ |
| <input type="checkbox"/> \$30,000 – \$39,999 | <input type="checkbox"/> \$70,000 - \$79,999 | |
| <input type="checkbox"/> \$40,000 – \$49,999 | <input type="checkbox"/> \$80,000 - \$89,999 | |

Please advise us of **any** problems, concerns or circumstances that i.b.mee. Enterprises should be aware of in order to make a decision regarding the provision of assistance for the student *(i.e., if the student does not receive assistance, he/she will not be able to attend; more than one child attending camp, etc.)*. We want all students to have access to this opportunity regardless of economic status. *All information provided is strictly confidential.*

Comments:

Please print parent name: _____

Parent signature: _____

Date: _____

Attach to camp application or return form to: i.b.mee. Enterprises Attn: Meg Hanshaw 16 Audubon Dr. Asheville, NC 28804 OR email: meg.hanshaw@ibmee.org