LATINO YOUTH LEADERSHIP CONFERENCE APPLICATION



22_{nd}

TWENTY-SECOND ANNUAL LATINO YOUTH LEADERSHIP CONFERENCE

JUNE 16 – JUNE 21 LAS VEGAS, NEVADA

DUE April 30, 2015 by 5:00 pm

The Latino Youth Leadership Conference brings together Latino and Latina high school students in Nevada for six days of leadership training and development.

The goals of the Latino Youth Leadership Conference are to:

- 1. Empower youth through leadership development, and community service.
- Encourage youth to pursue and complete higher education.
- 3. Emphasize cultural, community, and family values.

The conference begins at 8:00am, Tuesday, June 16 and ends at 7:00pm, Sunday, June 21 at the University of Nevada, Las Vegas. Participation to the LYLC is completely **FREE**. Accommodations and conference materials are provided at no cost to participants or their families. The LYLC is open to high school students: incoming juniors through exiting seniors, sixteen years of age or older. Space is limited.

Mail Applications to:

Latin Chamber of Commerce 300 North 13th Street Las Vegas, Nevada 89101

For More Information Contact:

Yesenia Maldonado: 702-525-2514 Marvin Campos: 702-355-2777 Vianey Abad: 702-624-5120 Juan Salazar: 702-708-8393 LYLC.Nevada@gmail.com

The LYLC is a leadership program under the auspices of the Latin Chamber of Commerce Community Foundation

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The LYLC is consciously and proactively inclusive of all areas of diversity, including but not limited to: race, ethnicity, national origin, gender, sexual orientation, religion, socio-economic status, language, disability, or immigration status.



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Student Application | June 16th – June 21st 2015

APPLICANT INFORMATION										
NAME (Last, First)			Middle Initial		Gender					
Address				Apt/Unit #						
City	State					Zip Code	ode			
Home Phone		E-mail								
Cell Phone						Birthdate				
How did you obtain this application? (i.e. friend, teacher, counselor										
Will you be able to attend the whole conference? YES		YES 🗌	NO 🗆	Note: The LYLC starts June 16 at 8:00am and ends June 21 at 7:00pm						
Have you previously attended the LYLC?		YES 🗆	NO 🗆	If yes, when:						
Do you plan o high school?	n continuing your education after	YES 🗆	NO 🗆	If yes, where:						
Have you ever been convicted of a felony?		YES 🗆	NO 🗆	If yes, explain:						
Are you currently taking any medications?		YES 🗆	NO 🗆	If yes, does it require any refrigeration or other accommodations?						
Do you know anyone who will be attending the 2015 LYLC?		YES 🗆	NO 🗆	If yes, please specify:						
Do you have allergies or dietary concerns: i.e. vegetarian, vegan, peanut allergy		YES 🗆	NO 🗆	If yes, please specify:						
Are you disabled, requiring special accommodation?		YES 🗆	NO 🗆	If yes, please specify:						
EDUCATIO	N									
High School				Weighted GPA						
When is your expected graduation date?										
STUDENT F	PROFILE: *If you need more spa	ace to write	your answe	ers, please feel free	to attach addi	tional pages.				
Tell us who	you are:									



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What does leadership mean to you?
Why do you want to participate in the Leadership Conference:
What are come and a few Wat Cabas 12
What are your goals after High School?



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Emergency Information and Terms of Agreement

Family	Doctor Information							
Name					Phone			
Address								
City			State				Zip Code	
Home a	ddress and contact number of p	parent/guard	lian, <u>if</u>	differe	nt from s	<u>tude</u>	<u>nt</u>	
Name								
Address								
City			State				Zip Code	
Phone		Cell Phone					Work	
In case	of an emergency, the following	persons may	y be co	ntacte	d:			
Name		Relation to Stu	dent				Phone	
Name		Relation to Stu	dent				Phone	
son/daug of the LY PERMIS	roduce, take, share, or publish the during the week of the Lati LC, LCC, UNLV, NSC, CSN, and it SION FOR PARTICIPATION:	no Youth Leats affiliates.	adershi	p Confe	erence foi			-
If selecte	d to participate in the Latino You	uth Leadershi	p Conf	erence,				
Nevada, June 16 - and its a accidents permissic is not ava	on to reside and attend the six declar Vegas (UNLV) and College of June 21, 2015. I release, waive affiliates from liability from any son illness to my son/daughter on to the LYLC Coordinator to see allable, I allow the LYLC Coordinator, available, at no cost to UNLV, CS	of Southern I e, and discha I and all cla If I cannot ek medical at ator to seek	Latino Nevada arge Ul ims, o be rea tention medica	Youth (CSN) NLV, CS of what ached ir n for my	for the each, the La ever nate the case son/dau ance for	entire atin Cure, I e of a	duration hamber or esulting a medical	of the conference, f Commerce (LCC), in personal injury, emergency, I give redical doctor listed
	hat the statements contained in essly agree to the terms listed in			accurat	te and tru	ie to	the best c	of my knowledge.
	Applicant Name: Printed			P	arent/Gua	ırdian	Name: Pri	nted
Applicant Signature				Parent/Guardian Signature				