

2009 Lynam Leadership Institute: Student Application

July 12 – 12 2009



Student Name: _____ First: _____ Middle: _____

Address: _____ Apt# _____

City _____ State _____ Zip Code _____

Parent or Legal Guardian Name(s): _____ Student's Date of Birth: _____

Day Telephone: _____ Night Telephone: _____ Cell Phone: _____

VP# _____ E-mail: _____ If possible, group with: _____

Student's School: _____ Teacher: _____ Grade: _____

City: _____ Zip: _____

This Student is: Deaf Hard of Hearing Hearing Sibling C.O.D.A.

Adult T-Shirt Size: S M L XL 2XL 3XL 4XL

My child's Cultural Background: Deaf Hard of Hearing Hearing

My child will need a Personal Assistant: Yes No Secondary Disability: _____

Please rate child's fluency in oral communication: (none) (Fluent)

Please rate child's fluency in ASL: (none) (Fluent)

Does your child have ability/experience in any other communication system (i.e. SEE1, PSE, CUED)? _____

Does your child speak any language other than English or ASL? Yes No: Type: _____

Will your child be bringing hearing equipment to camp? Yes No What and how many? _____

Has your child been to LLI before? Yes: How many years? _____ No: First time

What benefit do you expect your child to get from the Leadership Institute?

Is your child taking medication? Yes No

If Yes, list all medications taken, dosages and administration/dispensing procedures (attach separate sheet if necessary):

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Essay Requirement: In your own words, write an essay explaining the three most important values you demonstrate as a leader. Give examples that demonstrate each of these leadership values in practice. Please attach your essay to the application. Applications submitted without the essay will not be accepted.

- - Applications will be Prioritized and Processed in the Order Received - -

Registration Process:

- 1) Complete this Application Form with the student's typed essay and two letters of recommendation from non-relative adults who you have known for at least two years. Include a **\$50.00 NON-refundable** deposit to ensure your place at the Leadership Institute. Contact MADHH to request accommodations or financial assistance.

Send Applications to: **MADHH, 2929 Covington Court, Suite 200
Lansing, Michigan 48912-4939**

- 2) Financial Assistance requests **MUST** be communicated at the time of registration. The family of the student is responsible to seek scholarships; however, MADHH's staff will closely work with all families.
- 3) When your child is accepted, MADHH will send the Agreements and Releases forms and information. Included will be the Michigan State University forms.
- 4) This form needs to be received by MADHH at least three weeks prior to arrival so it can be reviewed and accepted by our medical consultant. Achieve your **Paid-In-Full** status prior to April 15, 2009 by paying the full \$250.00. Credit card payments can be mailed, faxed or over the phone. Payment plans are available.

Payment Method: Check MO Master Card Visa Discover American Express

C.C. #: _____ - _____ - _____ - _____ **Name as seen on Card:** _____

Expiration Date _____ **Amount Enclosed \$** _____ (**\$50 deposit minimum**) **CVC#** _____

Leadership Institute: 2009, total cost: \$250.00, includes all meals, housing, activities, and T-shirts. It does not include transportation to and from Michigan State University.

Signature: _____ **Date:** _____

- Parent/Student Agreement - The student **AGREES TO** abide by the following camp rules at all times:

1. The student will be considerate of the safety and feelings of others and care for the property.
2. If the student willfully and repeatedly disobeys the rules, he or she will be sent home. The parent/guardian will be notified to come to the campus and take the student home. •
3. The possession of any illegal substances (drugs, marijuana, etc.) alcohol, weapons, or other items deemed inappropriate by the Program Director will be grounds for dismissal and the parents/guardian will be contacted to take the student home. •
4. Payment for any damage done to MSU property or property of others as a direct result of the student's behavior will be paid for by the parents/guardian when the child is picked up.
 - *Parents are responsible for all transportation costs if parents are unable to transport their student home due to the student's dismissal from camp.*

I have transportation I can provide transportation for _____ persons

I authorize sharing of information on this form to coordinate transportation to and/or from the program

Parent's / Guardian's Signature _____ Date: _____

Student's Signature _____ Date: _____

