



Phone (916) 214-1919 | Fax (916) 979-7505 | bylpinsac@yahoo.com | www.bylp.org

Application Instructions

BYLP considers the application process to be an important component of the Legislative Open House (LOH) experience. The application process and subsequent conversations will be useful in focusing your goals for preparation as positive change makers. Please complete and return the following application materials to us, while being sure to **make copies for your records**.

Submission Process

Please note that BYLP has a rolling admissions policy - applications are reviewed as they are received. This means that it is important to apply early within the few months before the program, as students who wait too late may find themselves placed on the wait list prior to the stated submission deadline.

Submission cutoff date: **January 27, 2012**

Distribution of acceptance notices: **February 3, 2012**

Accepted applicants must be high school students and/or enrolled in 9th - 12th grades.

IMPORTANT NOTE: Applications are considered complete only if all sections are answered and print is legible.

Application Materials

- LOH Application**
- Two (2) Verifiable Academic Reference Forms:** Academic references should come from a high school teacher or your high school academic advisor/counselor. Send along with application by email/fax/USPS mail.
- Parent/Legal Guardian Consent Form**
- Media Consent Form**
- Student Disclosure and Approval of Participation**

Mail, fax or email application materials to:

BYLP
P.O. Box 1763
Sacramento, CA 95812
Fax (916) 979-7505
Email bylpinsac@yahoo.com



Application

Last Name, First Name, Middle

Male

Female

Date of Birth

Address

City, State, Zip

Home Phone

Cell Phone

Email Address

Shirt Size

High School

Grade

City, Zip

Grade Level

Referred By (if applicable)

First Time Attendee?

YES

NO

Previous Years Attended (if applicable)

How Did You Hear About BYLP?

PLEASE READ: Completing the grey sections is optional. BYLP collects information for purposes such as broad aggregate demographic data, internal purposes for grant funding requests as well as identifying scholarship and grant opportunities for student participants.

Race/Ethnicity:

American Indian/
Alaska Native
Black/
African American
Hispanic/
Latino
Native Hawaiian/
Pacific Islander

Asian

White

Other: _____

Family Income:

Less than \$25,000

\$25,001-\$50,000

Family Size

\$50,001-\$75,000

\$75,001-\$100,000

\$100,001 or more

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Father's Education:

Unknown

Did not graduate high school

High School Graduate

Some College

4 Year College Graduate or Higher

Mother's Education:

Unknown

Did not graduate high school

High School Graduate

Some College

4 Year College Graduate or Higher

Mother/Guardian Name

Occupation

Father/Guardian Name

Occupation

Please identify and list your California State Senator(s) and Assembly Member(s). You may find information about your Senate and Assembly representatives by typing in your zip code at www.leginfo.ca.gov/yourleg.html.

State Senator(s)

District

Assembly Member(s)

District

SAT (Scholastic Aptitude Test) and ACT scores. What date(s) have you taken the test(s) and what were your scores **OR** what date(s) will you take these college entrance exams?

Briefly describe your main academic interests:

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List any extracurricular activities, major achievements and community service:

Essay

Type an essay of **no more** than 300 words explaining: why you want to attend BYLP's Legislative Open House and how this program will positively impact your future.



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Academic Reference Form

Applicant

Please complete the top section of this form and ask one of your high school teachers or your high school academic advisor/counselor to complete the reference section. A Reference Letter will not replace this form but can serve as a supplement to this form. **You must submit two academic reference forms.**

Last Name, First Name, Middle

Address

City, State, Zip

Home Phone

Cell Phone

Email Address

Reference

BYLP is a leadership development program that expects students to learn from experiential academic methods. BYLP asks for references from student's high school teachers or high school academic advisors. To succeed, applicants must have an adequate degree of academic and personal motivation. BYLP cannot overemphasize the value of your candid appraisal in enabling us to determine whether the applicant is appropriate for this program and, if so, to help him or her obtain the most from the experience.

Please Note: We accept students into this program on a rolling basis. The program may fill to capacity before the deadline depending upon when a student's application is received. A space cannot be reserved until all of a student's application materials are received. Since the candidate's application cannot be reviewed until we receive this form, please submit this form in a timely manner to the student for submission purposes.

Last Name, First Name, Middle

Title

High School

Email



Academic Reference Form (continued)

How long and in what capacity have you known this student?

In comparison with other students you have known, please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Ability to express him/herself orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with a group of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common sense and good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Reference Signature

Date



Academic Reference Form

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PLEASE NOTE: We accept students into this program on a rolling basis. The program may fill to capacity before the deadline depending upon when a student's application is received. A space cannot be reserved until all of a student's application materials are received. Please complete and return this form to your student in a timely manner. Students who fail to submit a completed form will not be considered.

Last Name, First Name, Middle

Title

High School

Email



Academic Reference Form (continued)

How long and in what capacity have you known this student?

In comparison with other students you have known, please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Ability to express him/herself orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with a group of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common sense and good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Reference Signature

Date



Parent/Legal Guardian Consent Form

To be completed by Parent/Legal Guardian:

Student Name

Has my permission to attend the BYLP Legislative Open House on March 2, 2012, in Sacramento, California.

Parent/Legal Guardian - Print Name

Relationship to Student

Parent/Legal Guardian Signature

Date

Address

City, State, Zip

Work Phone

Home Phone

Cell/Other Phone

Name of Emergency Contact

Relationship to Student

Work Phone

Home Phone

Cell/Other Phone

Doctor's Name

Phone

Medical/Health Provider

Policy #/Student's Member ID #

Please list any medications student may need, allergies, special dietary restrictions or accommodations that BYLP should be aware of:



Media Consent Form

I hereby consent to the use of any photographs/video tape taken of my child by BYLP or the media for the purpose of advertising or publicizing events, activities, facilities and programs of BYLP in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

From time to time representatives of the news media are invited to BYLP programs to cover events. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story. By law, BYLP protects the privacy of the students and is prohibited from releasing students' personal information without consent from students' Parental/Legal Guardian.

Please mark one of the choices below and return to BYLP.

YES, I grant BYLP the right to use, publish and display or permit the use, publication and display of images of my child as described, or for similar program-related purposes.

NO, I do not consent to having recorded images or recordings of my child used for external publication as described or for similar program-related purposes.

Student Name

Parent/Legal Guardian - Print Name

Relationship to Student

Parent/Legal Guardian Signature

Date

If you have any questions regarding this consent form or wish to withdraw your consent at any time, please contact bylpinsac@yahoo.com. For further details regarding BYLP's Privacy Policy please visit <http://www.bylp.org/privacy-policy.php>.

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Student Disclosure and Participation Approval

To be completed by applicant:

- I am aware that the selected mode of transportation to and from Sacramento is NOT the responsibility of BYLP. If traveling to Sacramento via Amtrak or plane, I will email bylpinsac@yahoo.com, with the name and itinerary of the preferred method of travel 14 days (2 weeks) prior to March 2, 2012.
- I understand that I am expected to participate in the full length of the program and understand that if I do not participate fully, no special arrangements will be made to leave the program. Additionally I understand BYLP has the discretion to reject my applications in the future.
- I am aware that this program will take place **during regular business hours between 8AM – 5PM** and that professional attire is mandatory. I understand that **ABSOLUTELY NO** mini-skirts, stilettos (non-stiletto high heels acceptable), fishnet stockings, jean inspired articles of clothing, t-shirts, sneakers, flip-flops, sport hats or sweats are to be worn in the Capitol Building as a student representative of BYLP.
- I understand that acceptance is nontransferable. My inability to attend will not allow me to choose another student to take my place.
- I understand that should I be accepted to participate the BYLP Legislative Open House, I am to become familiar with the materials that will come with my acceptance packet.

I certify that all the information provided in this application is accurate and that I meet the BYLP student participation criteria and that BYLP may verify any information provided.

Applicant's Name (Print)

Applicant's Signature

Date

Parent/Legal Guardian - Print Name

Parent/Legal Guardian Signature

Date