

# 2010 Lynam Leadership Institute: Applicant Application

August 8 - 14 2010 @ Camp Chris Williams

Leadership applicants 16 -19 years; may also fill out a CIT application co-current with the LLI Program.



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent or Legal Guardian Name(s): \_\_\_\_\_ Applicant Date of Birth: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

VP# \_\_\_\_\_ E-mail: \_\_\_\_\_ If possible, group with: \_\_\_\_\_

Applicant's School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

This Applicant 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 --

- 1) Complete this Application Form with the applicant'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. **Total cost for LLI - \$400.00**

Send Applications to: LLI/MADHH, 5236 Dumond Court, Suite C  
Lansing, Michigan 48917-6001

- 2) Financial Assistance requests MUST be on the FAF form at the time of Registration to distribute to your Local or District Lion Organization. The family of the applicant is responsible to seek scholarships and can search other places such as MRS or the States Children Special Needs Funds. Deadline for FAF forms is April 30, 2010.
- 3) You may also down load or contact MADHH to request the Agreements and Releases forms and information be sent to you. Included will be the Facility Host forms. (Lions Bear Lake)
- 4) ALL required forms needs to be received by MADHH at least four weeks prior to start so it can be reviewed and accepted by our medical consultant. Achieve your **Paid-In-Full** status prior to May 1st, 2010 by paying the full \$400.00. 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: 2010, total cost: \$400, includes all meals, housing, activities, and T-shirts.  
It does not include transportation to and from Lions Bear Lake Camp.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## - Parent/Applicant Agreement - The applicant AGREES TO abide by the following camp rules at all times:

1. The applicant will be considerate of the safety and feelings of others and care for the property.
2. If the applicant willfully and repeatedly disobeys the rules, he or she will be sent home. The parent/guardian will be notified to come to the facility and take the applicant home.
3. The possession of any illegal substances (drugs, 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 applicant home.
4. Payment for any damage done Lions Bear Lake property or property of others as a direct result of the applicant'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 applicant home due to the applicant'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 LLI.
- Media Release (Photo/Video): I hereby agree and consent to the use of my child at Leadership to use images and or voice for advertising, educational and public purposes my MADHH. I agree to hold MADHH harmless for such use. In addition I understand I am waiving all claims for any compensation.



Parent's / Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_