



June 13 – 19, 2020

Maryville Retreat Center
Holly, Michigan

Application Checklist

- High School Student Application Form**
The application form must be complete and include the contact information for three (3) references as requested below.
 - Résumé**
Submit a current résumé that includes a list of extracurricular activities in which you have been involved in the past and those that you are currently involved in — both within your school as well as within your church community. Identify your role in each and list any specific leadership roles you have had.
 - Letter of Interest**
Write a letter to the *Seeds of Hope* Committee that introduces you and explains why you wish to participate in the *Seeds of Hope: Felician Youth Leadership Experience* and what you hope to gain from this experience. Be as specific as possible in explaining your interest in the program. (Letters are to be two pages maximum, typed/word-processed, double-spaced. Your name should appear at the top of each page.)
 - References**
Please list the names and contact information for three (3) people we may contact as references. Two (2) references should be from the following: your high school principal, school president, a teacher, or your campus minister. One (1) must be from someone outside of your family, such as your parish priest, youth group minister, or another adult who can attest to your qualifications for *Seeds of Hope*.
- | | |
|-------|-----------|
| Name | Job Title |
| Phone | Email |
| | |
| Name | Job Title |
| Phone | Email |
| | |
| Name | Job Title |
| Phone | Email |

All application materials can be submitted:

Online through our website at www.feliciansistersna.org/seedsofhope

Via email to Caroline Stanfill at cstanfill@feliciansisters.org

Mailed to:

Seeds of Hope: Felician Youth Leadership Experience
Felician Sisters of North America
871 Mercer Road
Beaver Falls, PA 15010

**For additional information,
please contact**

Caroline Stanfill
724-650-7936 or
cstanfill@feliciansisters.org

ALL application materials must be received by **March 15, 2020**, in order for a student to be considered for acceptance into the 2020 *Seeds of Hope* program.



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Student Information:

Student's Full Name _____

Home Street Address _____

City _____ State _____ ZIP Code _____

Home Telephone _____ Cell Phone _____

Email Address _____

Date of Birth (MM/DD/YY) _____

Name of High School _____

Year of High School in Fall 2020 _____

Please check all that apply to you:

- I am applying to be a first-time participant in *Seeds of Hope*.
 - I am a returning participant in *Seeds of Hope* applying to be a peer mentor in training.
 - I will need to apply for a partial or full travel scholarship. Partial Full
- To apply for a travel scholarship, submit a letter with your application (in addition to your letter of interest) in which you: explain why you would like to be considered for financial assistance; discuss other sources of assistance you have explored or would be able to explore (such as fundraising); and estimate the cost of travel from your area.

Parent or Guardian Information:

Name(s) of Parent/Guardian _____

Home Street Address _____

City _____ State _____ ZIP Code _____

Daytime Phone Number(s) _____

Cell Phone Number(s) _____

Evening Phone Number(s) _____

Email Address _____

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Emergency Contact Information:

Emergency Contact _____

Relationship to Studeant _____

Home Telephone _____ Cell Phone _____

Work Phone _____

Program Fee:

The program fee of \$100 includes lodging and all meals. A \$50 deposit will be due within two (2) weeks of receiving the acceptance letter. The balance will be due no later than **April 30, 2020**.

It is the desire of the Felician Sisters that cost not be an obstacle to any young woman participating in *Seeds of Hope*. Scholarships are available to help with the cost of transportation, and payment plans can be made available upon request.

Acknowledgments and Signatures

Both the applicant and a parent/guardian must initial each item below as an indication of agreement and provide a signature indicating agreement to all terms in the waiver and release.

Student	Parent/Guardian	
_____	_____	I certify that, to the best of my knowledge, all of the information I have provided is accurate and that the work submitted is my own.
_____	_____	I understand that it is my responsibility to submit all required application materials in order to be received by the application due date of March 15, 2020.
_____	_____	I understand that it is my responsibility upon my return to create and implement a service project within my community or school, which will be based upon the principles and ideals learned at the <i>Seeds of Hope</i> conference.
_____	_____	I hereby grant and convey to the <i>Seeds of Hope: Felician Youth Leadership Experience</i> and its sponsor, the Felician Sisters of North America, all rights, title and interest in and to record my name, image, voice or statements including any and all photographic images and video or audio recordings made during the program by <i>Seeds of Hope</i> personnel.

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Waiver and Release

The undersigned student, _____, and the undersigned parents or guardians hereby agree that the student be permitted to participate in the *Seeds of Hope: Felician Youth Leadership Experience* program from Saturday, June 13, 2020, through Friday, June 19, 2020, at the Maryville Retreat Center, Holly, Michigan.

In consideration of the acceptance and participation of the student on such a trip, the undersigned student and her parents or guardians, to the full extent permitted by the law, hereby release and agree to save, hold harmless and indemnify all adult directors, all host parents and members of their families, and all coordinators of *Seeds of Hope: Felician Youth Leadership Experience*, of and from all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any such persons or entities, which may be suffered or claimed by such student, parent or guardian during, or as a result of, participation by such student in the program including travel to and from the students' respective locations as well as any travel to any sites during the program and provided by the program.

We give permission for any medication and/or medical procedures that a medical practitioner may deem necessary or advisable for the treatment of any illness or injury suffered by the student.

We agree that the adults designated by *Seeds of Hope: Felician Youth Leadership Experience* may sign on behalf of the student and her parents or guardians any and all medical release documents for any treatment that may be necessary during the program, and in the event that reasonable attempts to contact the parents/guardians are unsuccessful we understand that we will be responsible for any expenses so incurred.

Name of Student _____ Date _____

Student Signature _____

Father/Guardian _____ Date _____

Father/Guardian Signature _____

Mother/Guardian _____ Date _____

Mother/Guardian Signature _____