



STUDENT AND PARENT/GUARDIAN 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 Sunday, June 16, 2019 through Saturday, June 22, 2019 at the Felician Maryville Retreat Center, Holly, Michigan.

In consideration of the [obstacles] 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.

MEDIA STATEMENT

By signing below, I hereby grant and convey to the Seeds of Hope: Felician Youth Leadership Experience and its sponsor, the Felician Sisters of North America, all right, 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 the Seeds of Hope personnel.

Name of Student _____ Date _____

Student Signature _____

Father/Guardian _____ Date _____

Father/Guardian Signature _____

Mother/Guardian _____ Date _____

Mother/Guardian Signature _____

June 16 – 22, 2019

Felician Maryville
Retreat Center

Holly, Michigan

For additional information,
please contact
Caroline Stanfill

Felician Sisters of North America
Provincial Center

724-650-7936 or
cstanfill@feliciansisters.org



Part I

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 the Fall of 2019 _____

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 _____

Emergency Information:

Emergency Contact _____

Emergency Contact Phone Numbers:

Day _____ Evening _____ Cell _____

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Part II

Please complete item A, acknowledge and certify (with your signature) item B, complete items C and D, and return all of the pieces by February 15, 2019.

All application materials are to be sent to:

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

A. 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 parish community. Identify your role in each and list any specific leadership roles you have had.

B. Acknowledge and certify with your signature that the Seeds of Hope: Felician Youth Leadership Experience requires that you will be responsible for creating and then beginning to implement a service project within your school upon your return. This project will have the oversight of your high school campus minister.

I understand that it is my responsibility upon my return to create and begin to implement a service project within my high school, which will involve the oversight of my high school campus minister. The service project will be based upon the principles and ideals learned through the Seeds of Hope program.

Applicant's Signature _____ Date _____

C. Write a letter to the Seeds of Hope Committee that introduces yourself to the Committee and that 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. You may include information about your interests, accomplishments, and extracurricular activities and any other aspects of your life that could aid the Committee in understanding why you would like to participate in Seeds of Hope. (Letters are to be two pages maximum, typed/word-processed, double-spaced. Your name should appear at the top of each page.)

D. 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 director, or another adult who can attest to your qualifications for Seeds of Hope.

Name _____

Phone _____ Email _____

Name _____

Phone _____ Email _____

Name _____

Phone _____ Email _____

For additional information, please contact Caroline Stanfill

Felician Sisters of North America Provincial Center

724-650-7936 or cstanfill@feliciansisters.org

Program Fee:

- Program fee of \$100 includes housing and all meals.
• \$50 deposit due within two weeks upon letter of acceptance (or no later than March 15, 2019)
• Balance (and final payment) is due no later than April 30, 2019.

Deposit and final payments are to be sent to:

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

Part III

Applicant's Statement and Signature

- 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 February 15, 2019.

Applicant's Signature _____ Date _____

Part IV

Parent/Guardian's Statement and Signature

- I have reviewed the information on this form and give my permission for my child to proceed with this application process. I authorize my child's school and its employees to release any information necessary for this application.
• I acknowledge that it is my child's responsibility to ensure that all application materials are submitted to ensure receipt by the Seeds of Hope Committee by February 15, 2019.

Parent/Guardian's Signature _____ Date _____

Part V

Please check the box that applies 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.