

Pre-Y.A.L.E./Y.A.L.E. Student Application 2025

IMPORTANT READ THIS BEFORE FILLING OUT!

Your answers will not be saved. You must first download this PDF to your computer, then open and complete the downloaded PDF on your computer. You will be able to save your answers this way.

Please check off the following list before submitting this application to verify that all required documents are completed and induded in the order listed:

| | Completed Application due by Saturday, January 25, 2025 |
|---|--|
|] | Signed Parent Permission Form |
|] | Signed Media Release Form |
|] | Essay |
|] | Copy of most recent Report Card |
|] | \$75 fee and T-shirt size (pay via PayPal at FamilyLifeCRC.org/YALE) |
| | |

☐ Submit Electronic Application to: info@familylifecrc.org



YA.L.E.

YOUTH AMBASSADOR LEADERSHIP EDUCATION

Dear Parent(s):

The Family Life and Community Resource Center (FLCRC) is accepting applications for the 2025 Youth Ambassador Leadership Education (Y.A.L.E.) and Pre-Y.A.L.E. program. Y.A.L.E. is an organization created to provide countywide leadership opportunities for students to be actively involved with planning and implementing community initiatives. Y.A.L.E. links students throughout Fort Bend County with real life opportunities to develop their leadership skills. The Pre-Y.A.L.E./Y.A.L.E. program is designed for students 5th through college to meet, plan and execute activities and events to foster shared leadership and responsibility. As a Pre-Y.A.L.E./Y.A.L.E. member, students will participate with various activities related to character building, leadership, service learning, and college and career preparation. These activities will include organizing and participating with the FLCRC Annual Back-2-School Parent Chat, National Bullying Awareness Community Event, FLCRC Summer Enrichment Camp and FLCRC End of the Year Banquet.

The students who are selected to participate with the Pre-Y.A.L.E./Y.A.L.E. program will meet monthly. FLCRC is pleased to offer this special opportunity for students and look forward to reviewing the applications. Upon receiving the acceptance letter, a \$75 fee is due along with your application on Saturday, January 25, 2025 for the Y.A.L.E. t-shirts and curriculum. If you need additional information or have any questions, please contact me at the number or e-mail listed below.

Your permission is required to include your child with the Pre-Y.A.L.E./Y.A.L.E. student group.

Sincerely,

Dr. Ilene Harper

Dr. Sleve Hayper

| Parent Permission Form | | |
|--------------------------------|----------------------------------|---------------------------|
| I/We give my/our permission f | or (student's name) | to participate |
| in the FLCRC Youth Ambassad | or Leadership Education program. | Name of my son/daughter's |
| school and include a copy of t | he most recent report card: | |
| | | |
| Student's Signature | Parent's Signature | |



Media Release

| For good and valuable consideration, I hereby grant permission to the Family Life and Community |
|---|
| Resource Center (FLCRC) and its staff to use photographs and/or video and audio taken of |
| These images may be used in educational and documentary |
| materials such as Public Service Announcements, Grant Applications, Video Documentaries and both |
| printed and online mediums. Furthermore, I authorize the use of my image, likeness, and voice for |
| all program promotion, materials, in connection with what FLCRC. |
| I hereby agree to release, defend, and hold harmless FLCRC and its staff, including any firm |
| publishing and/or distributing the finished product in whole or in part, including, but not limited to |
| paper, broadcast, videotape, or via electronic/online media, from any claim, damages, or liability |
| arising from or related to the use of the photographs/video, including but not limited to any misuse, |
| distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or |
| otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution. |
| mished product, its publication, or distribution. |
| I certify that I have read the Media Consent and Release Liability statement and fully understand its |
| terms and conditions. |
| |
| |
| Please Print: |
| Name: |
| School: Grade: |
| Address: |
| |
| City, State, Zip: |
| Student Signature: |
| Parent or Guardian Signature (if 17 or under): |
| Detail |
| Date: |



| FLCRC STUDENT AMBASSADOR APPLICATION | | | | | | |
|--------------------------------------|----------|-----------------------|--|--|--|--|
| APPLICANT INFORMATION | | | | | | |
| Name: Today's Date: | | | | | | |
| Date of birth: | Grade: | Phone: | | | | |
| Current address: | | | | | | |
| City: | State: | ZIP Code: | | | | |
| School Name: | Address: | Phone: | | | | |
| PARENT(S) INFORMATION | | | | | | |
| Parent(s) Name: | | | | | | |
| Parent(s) Address: | | Home Phone: | | | | |
| Phone: | E-mail: | Fax: | | | | |
| City: | State: | ZIP Code: | | | | |
| Work Place Name: | Address: | Phone: | | | | |
| EMERGENCY CONTACT | | | | | | |
| Name of a relative not residing with | ı you: | | | | | |
| Address: | | Phone: | | | | |
| City: | State: | ZIP Code: | | | | |
| Relationship: | | | | | | |
| STUDENT EMPLOYMENT | | | | | | |
| Name: | | | | | | |
| Address: | Phone: | Number of Hours Work: | | | | |
| REFERENCES | | | | | | |
| Name | Address | Phone | | | | |
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FLCRC STUDENT AMBASSADOR APPLICATION In this area, provide a brief description of yourself and why you would like to join Y.A.L.E. (400 words or less, please include your volunteer experience). Applicant Signature (type name): Date: Parent Signature (type name): Date: