

LEADERSHIP OSWEGO COUNTY YOUTH
Application 2008-2009
(Please print or type all information)

Name: _____ Nickname: _____
Address: _____
Phone: _____ Email: _____
Grade Next Year: _____ School: _____
Community Service and/or hobbies: _____

What are the five (5) things you want to learn in LOCY Class?

1. _____
2. _____
3. _____
4. _____
5. _____

Leadership Oswego County (LOCY) is now preparing for its 10th year of this unique youth leadership training experience. To apply for the program please note:

- LOCY is open to all high school students but preference is given to those entering their freshman and sophomore year that have shown leadership potential (not already established leaders) and a desire to learn.
- LOCY is a program where youth can learn skills that will enable them to make a difference in their school and community.
- LOCY is an opportunity for youth to learn about future leadership opportunities.

Dates participants will need to attend for **Leadership Oswego County Youth:**

9/10 – Orientation Meeting	1/9 – Full Day Class
9/13-14 – Overnight Retreat	2/7-8 – Mid-Class Retreat
10/3 – Full Day Class	3/6 – Full Day Class
11/7 – Full Day Class	4/3 – Full Day Class
12/5 – Full Day Class	5/1 – Full Day Class
	5/16-17 – Overnight Retreat/Graduation

Topics for class vary from month to month, which include Public Speaking, Working as a Team, Meeting Oswego County Leaders, Diversity Training, etc.

Retreats run from Saturday at 9:00 am through Sunday until 3:00 pm. Class sessions are to run from 9:00 am until 2:00 pm at Oswego County BOCES in Mexico. Students will take a bus to and from their home schools and BOCES for class.

CHECK ONE: The school has agreed to pay **\$150 tuition** for this student. YES _____ NO _____
The parent has agreed to pay **\$150 tuition** for this student. YES _____ NO _____
We are requesting consideration for a scholarship. FULL _____ HALF _____

(OVER)

I am the parent/legal guardian of _____
(STUDENT'S NAME)

I have read the information on the *Leadership Oswego County Youth* program and am willing to have my son/daughter participate. Leadership Oswego County, its agents and employees have my full permission and consent to transport and otherwise provide transportation for my child by school bus service, chartered bus, or other appropriate means of transportation in connection with all sessions of *Leadership Oswego County Youth* during the school year in which he/she is a participant.

Parent / Guardian Signature: _____ Date: _____

All applicants must have the approval of their school principal in the 2008-2009 school year to be released from school to attend the *Leadership Oswego County Youth* sessions.

I approve _____ (student's name) participation in the Leadership Oswego County Youth program in 2008-2009. The student meets the criteria of being academically sound.

Principal's Name: _____

School: _____

Principal's Signature: _____ Date: _____

For more information, contact Jim Farfaglia at the Oswego City-County Youth Bureau
or
Email: jim@oswegocounty.com

PLEASE RETURN APPLICATION BY FRIDAY MAY 23, 2008 TO:

Oswego City-County Youth Bureau
70 Bunner Street
Oswego, New York 13126

Students and faculty will be notified concerning their acceptance into the LOCY program.