

# FOUNDATIONS COMMUNITY PARTNERSHIP SUMMER YOUTH CORPS

## APPLICATION FORM

POSTMARK DEADLINE: FRIDAY, March 31, 2010

### NOTIFICATION SCHEDULE

**Foundations Community Partnership applicants will be notified of their final status by letter to their homes in the third week of April.**

**ELIGIBILITY:** *No exceptions are made to these requirements.*

- **GRADE LEVEL AT TIME OF APPLICATION DEADLINE:** College Freshman, Sophomore or Junior.
- **SCHOOL ENROLLMENT:** Must currently attend an accredited college or university.
- **BUCKS COUNTY, PA RESIDENCY:** The primary full-time residence of at least one parent or legal, court-appointed guardian of the applicant must be in Bucks County Pennsylvania. Dependents of military personnel based in Bucks County Pennsylvania are eligible.

### APPLICANT RESPONSIBILITIES

- **KEEP THIS PAGE FOR YOUR RECORDS.**
- **DO NOT WAIT UNTIL THE LAST WEEK TO COMPLETE THE APPLICATION.**
- **NOTIFY REFERENCES OF INTENTION TO FILE APPLICATION WELL IN ADVANCE OF DEADLINE.**
- **REVIEW ALL FORMS BEFORE PROCEEDING WITH THE APPLICATION PROCESS.**
- **SUPERVISE COMPLETION:** The applicant is responsible for staying in communication with the references to make sure the application is completed appropriately and sent off by the postmark deadline.
- **REFRAIN FROM ADDING UNSOLICITED REFERENCES, RECOMMENDATIONS OR MATERIALS.** Send only those requested. Do not add newspaper clippings, photographs, research papers, certificates or other unsolicited materials. Extraneous letters of recommendation other than the references and requested and all other unsolicited materials will be removed from applications. The selection panel will not see them.
- **NOTIFICATION OF FINAL STATUS:** Notification is by first-class letter to the applicant's home address, early in the third week of April. This information is **not** available in advance or over the Internet or by telephone.

# APPLICATION PROCEDURES

- **ACADEMIC REFERENCES:** Select no more than two academic references. At least one reference must be from your current Academic Institution. Your reference sources should send references directly to FCP, to maintain confidentiality. References must include current academic standing.
- **PROFESSIONAL & PERSONAL REFERENCES:** Select no more than two personal or professional references. Your reference sources should send references directly to FCP, to maintain confidentiality. References must reflect current knowledge of your personal and professional characteristics.
- **APPLICATION & PERSONAL DATA FORM:** Complete the application and the narrative statement, including your resume, and essay. Send the completed application to FCP, 196 Ashland St. Doylestown PA, 18901.

## PART I: Student Information

Student's Name

*first middle last*

Permanent Home  
Address

*street or box number street or route city state zip (Must be a Resident of Bucks County)*

Home Telephone

Cell Phone

Email:

Name of College/University

College/University Address

Parent's or Legal Guardian's Full  
Name

Parent's or Legal Guardian's Home  
Address

*street or box number street or route city state zip*

Student's Date of Birth  
*month day year*

**IS THERE A PARTICULAR PROFESSION OR AREA OF BEHAVIORAL HEALTH CARE/HUMAN SERVICES IN WHICH YOU ARE INTERESTED? EXPLAIN**

**Health Insurance Information:** Please submit proof of Health Insurance with the application.

Do you or any member of your family have a personal, financial or employment relationship with Foundations Community Partnership or any of its officers, Directors or employees? Yes , No

Do you or any member of your family have a personal, financial or employment relationship with any "Host" Agency where you have expressed interest? Yes , No

If "Yes", please describe the nature of the relationship on a separate page.

# PART II: NARRATIVE STATEMENT AND ESSAY

## A. NARRATIVE STATEMENT

- **Format:** Essay format, two page maximum, typed/word-processed, double-spaced, letter-quality font no smaller than 12 points. Your name should appear at the top of each page. Title the essay "Narrative Statement."
- **Prompt:** Introduce yourself to the selection committee. This statement should help the committee to get to know you, your personality, special interests and experiences and also reveal your interest in Behavioral health/Human Services in Bucks County. This information will be shared with potential "Host" agencies.

## B. RESUME

- **Format:** Resume format, two pages maximum, typed/word-processed, single- or double-spaced, letter-quality font no smaller than 12 points. Your name should appear at the top of each page.
- **Prompt:** List your extracurricular activities since entering high school, including school activities, community groups, service activities, employment, personal pursuits and special honors and awards. Do not overlook human service related activities. Indicate dates of involvement, your role in the activities and for what the honors/awards were bestowed.

## C. CHIEF ESSAY

- **Format:** Essay format, two pages maximum, typed/word-processed, double-spaced, letter quality font no smaller than 12 points. Title the essay "Service-Learning Project." Your name should appear at the top of each page.
- **Prompt:** Propose a service-learning project in which you would like to participate that affects the quality of life for youth in Bucks County. State the goals and learning objectives that you expect to accomplish if you are selected. Please mention specific agencies/organizations that you would like to assist during your internship, if any. Your project should include a "self-assessment" —how you expect to grow personally and professionally during the project. You should select at least three measurable goals/objectives (personal or professional) that you expect to complete at the conclusion of the program.
- **Note:** *This project is weighed heavily in the selection process. Students selected will be matched with "Host" agencies and are expected to refine their projects during their internship, maintain a journal and complete a research paper with this project as the topic, upon completion of the program.*

# 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 acknowledge that information about my selection to this "Service-Learning" opportunity and all projects I may develop may be shared with the public.*
- *I also understand that it is my responsibility to return this form and the required attachments to FCP by the deadline above.*
- *I further recognize that it is my responsibility to ensure that the application is filled in complete form, postmarked and mailed to FCP by the appropriate date.*

APPLICANT'S SIGNATURE

DATE

If the applicant is under 18 years of age:

PARENT GUARDIAN SIGNATURE

DATE

**PLEASE RETURN THIS COMPLETED APPLICATION TO: FOUNDATIONS COMMUNITY PARTNERSHIP, 1456 Ferry Rd., Suite 404, DOYLESTOWN, PA, 18901. Telephone: (267)-247-5584**