Annual
Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute
Student Application Form

Monroe 2-Orleans BOCES
Mid-West RBE-RN – Attn: Anna Stukes
3599 Big Ridge Road
Spencerport, NY 14559
(585) 352-2790 FAX (585) 352-2613

Home Assembly District #_____ **Due by _____**

Name Check one: ☐ Male ☐ Female ____Age

Address

City State Zip Code

Home phone Emergency Contact Emergency Phone

INSURANCE CARRIER _____ SUBSCRIBER #_____
Do you require special accommodations/diet? ( ) No ( ) Yes: Please specify:

Do you currently use any prescription medication(s) or have any special medical condition? ( ) No ( ) Yes Please specify:

Education Record

High School District

Address

City State Zip Code

School phone ( ) School contact name

Check all that apply: ☐11th grade ☐12th grade ☐ I have participated previously in PR/HYLI
Staff Person assigned: Anna Stukes Role: ( ) Delegate Representing Assembly District: _____
Mock Assembly seat #: _____ ( ) Counsel ( ) Other If other, please specify): _____

X_____ **X**_____
Principal's Signature Guidance Counselor's Signature

Have you enclosed the following in your application packet?

- *Completed Student Application Form (MUST be signed by *Principal and Guidance Counselor)
- Participation Form
- High school transcript (MUST be given to YOU by your Guidance Counselor in a sealed, initialed envelope)
- Authorization for medical treatment of minors (MUST be signed by Parent/Guardian)
- *Student Contract (MUST be signed by Student, Parent/Guardian and *Principal)
- *Parental Consent Form (MUST also be signed by *Principal)
- Photo, Videos & Essays Release Form (MUST be signed by Parents/Guardians)
- **An essay of 350-500 words describing: (go to http://prhyli.org for resources) Seniors – Senior Scholarship question**
  - **Identify a national Latino/Hispanic leader and discuss her/his contributions to society. Explain why these contributions are important. How can you, as a Latino/Hispanic youth, prepare to assume leadership roles in the future?**
- Two letters of recommendation (one from school and one from the community, such as an employer, volunteer coordinator or clergy member – may not be a relative - (Seniors, you may use an additional "original" for your Scholarship application.)

Return your completed Application Packet
Attention: Anna Stukes @ Mid-West RBE-RN (address above in italics)

Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute
ESSAY – 11th Graders

Write an essay of 350-500 words describing: (go to http://prhyli.org for resources)

- Identify a national Latino/Hispanic leader and discuss her/his contributions to society. Explain why these contributions are important. How can you, as a Latino/Hispanic youth, prepare to assume leadership roles in the future?

Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute
ENSAYO – Grado 11

Escribir un ensayo de 350-500 palabras describiendo:

- Identifica un líder nacional que es Latino/Hispano y sus contribuciones a la sociedad. Explicar por qué sus contribuciones son importantes. Como juvenil Latinx/Hispano, ¿cómo puedes prepararte para llenar posiciones de liderazgo en el futuro?

12th Grade - Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute

ESSAY

Written Essay: Candidates must submit a typed essay of no less than five hundred (500) and no more than 525 words written in either English or Spanish.

Question - (Same as Senior Scholarship question for PRHYLI 2019):

Identify a bilingual/biliterate person you find inspirational in the Hispanic/Latino community (International, National, State, Regional, or Local). Then, explain how they use(d) their bilingual/biliterate skills and attributes to promote a worthwhile cause for the Latino community using specific and relevant evidence to support your claim. Finally, discuss how being bilingual/biliterate will open pathways for you to promote worthwhile causes in the future.

Your Task:

Answer the three questions included in the prompt. Be sure to use the attached rubric to guide you as you write your essay and support your arguments with evidence from your research on this topic.

Grado 12 - Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute

ENSAYO

Ensayo Escrita: Candidatos deben de enviar un ensayo tipiado de 500-525 en inglés o español.

Pregunta – (Igual del Senior Scholarship pregunta del ultimo ano de PRHYLI):

Identifica a una persona bilingüe/biliterato que encuentras que inspira a la comunidad LatinX/Hispano (internacionalmente, nacionalmente, estatalmente, o localmente). Luego, explica como han usado su capacidad de ser bilingüe/biliterato y atributos para promover causas importantes para la comunidad LatinX usando evidencia específica y relevante para apoyar tu reclamación. Finalmente, describe como ser bilingüe/biliterato abrirá caminos para ti y promover causas importantes en el futuro.

La tarea:

Responde a las tres partes. Asegúrate usar la rúbrica para guiarte mientras escribes el ensayo y apoyar tus argumentos con evidencia de tu investigación de este tema.

QUEST R III
PUTTING STUDENTS FIRST

Angelo Del Toro

PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

PARTICIPATION INFORMATION (Please Type or Print Clearly)

1. Name: _____
(First Name) (Middle Initial) (Last Name)

2. Gender: ☐ Female ☐ Male Email: _____

3. Ethnicity or cultural background:

☐ Puerto Rican ☐ Dominican ☐ Mexican

☐ Other, including mixed background (Please specify) _____

Delegation: _____

Home Assembly District #: _____

Home Senate District #: _____

Please check one: If you are a student, please make sure to fill questions 8-11 ☐ Student ☐ Chaperone ☐ Staff

Please check the option that best describes your language fluency:

☐ English only ☐ English and some Spanish ☐ Fluent in English and Spanish ☐ Spanish only

4. Telephone: _____ 5. Alternate: _____
(Area Code) (Home Telephone #) (Cell)

6. Home Address: _____
(Number and Street)

_____
(City) (State) (Zip Code)

7. Parent/Guardian Contact: _____

8. Emergency Contact: _____ _____
Area Code (Daytime Telephone #) Area Code (Evening Telephone #)

9. School District: _____ 10. School Name: _____

11. Principal's Name: _____ 12. School Phone: _____

13. Role ☐ Delegate Representing Assembly District: _____ ☐ Counsel

☐ Other If other, please specify: _____

14. Mock Assembly seat #: _____

Please submit this document.

This program is aligned to the Common Core Learning Standards, the new Social Studies Framework, and the Elements/Standards of The Critical Thinking Community. This contract is funded through the New York State Education Department.

THE STATE EDUCATION DEPARTMENT/
THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY

Dear Counselor,

I, _____ am planning to attend the Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute on _____ and a high school transcript is required. Kindly return the transcript in a sealed, initialized envelope to me. You may also send the transcript directly to Anna Stukes by the deadline.

Anna Stukes
Monroe 2-Orleans BOCES
Mid-West RBE-RN
3599 Big Ridge Road
Spencerport, NY 14559

Thank you. I appreciate your assistance.

Angelo Del Toro

PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

PARENTAL/MEDICAL CONSENT FORM (ENGLISH)

THIS IS TO CERTIFY THAT I/WE UNDERSIGNED PARENT/GUARDIAN OF: _____ **NAME OF STUDENT**	
1. PARENT/GUARDIAN NAME:	**PARENT/GUARDIAN PHONE:** **CELL**
	HOME
	WORK
2. ADDRESS:	
3. EMERGENCY CONTACT NAME:	
EMERGENCY HOME PHONE:	
3. PLEASE LIST ANY MEDICAL CONDITIONS/MEDICATIONS/DIETARY NEEDS/ALLERGIES OF THE STUDENT:	

In consideration of the benefits to be derived by our son's/daughter's participation at PR/HYLI to take place from _____ to _____. We do certify that he/she may participate in any normal and routine educational or recreational programs of the PR/HYLI program, hereby release and discard Questar III, New York State Education Department, their officers, agents, instructors, and employees from any and all illness, injury or accident occurred in or suffered by said son/daughter while traveling to, attendance at or participation in the PR/HYLI program from the time of his/her departure from home until his/her return here to.

This will further certify that we, the undersigned parents/guardians, hereby consent and grant permission should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinics to release necessary information to our local doctors and for use in claims for insurance coverage.

Parent's/Guardian's Signature :	**Date**

Please submit this document.

This contract is funded through the New York State Education Department.

Angelo Del Toro

PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

CERTIFICACIÓN DE PERMISO PATERNAL/ MEDICO

POR ESTE MEDIO SE CERTIFICA QUE LOS PADRES/GUARDIANES DE: _____ **NOMBRE DEL ESTUDIANTE**	
1. NOMBRE DEL PADRE LOS PADRES/ENCARGADOS:	**NUMERO TELEFONICO DE PADRES/ENCARGADOS:** **CELULAR ( )**
	CASA ( )
	TRABAJO ( )
2. DIRECCION:	
3. NOMBRE DE LA PERSONA ENCARGADA EN CASO DE EMERGENCIA:	
NUMERO TELEFONICO DE LA PERSONA ENCARGADA EN CASO DE EMERGENCIA: **( )**	
3. POR FAVOR IDENTIFIQUE ALLERGIAS/CONDICIONES ESPECIALES/MEDICAMENTOS/DIETA ESPECIAL:	

Los que aquí firman en consideración de los beneficios que recibirá nuestro hijo/hija en el Instituto del PR/HYLI, certificamos que él/ella puede participar en cualquier rutina educativa y recreativa del programa con referencia al programa de PR/HYLI. Se entiende que la partida para Albany será _____ y que mi hijo/hija estará de regreso _____.

Por lo tanto, comprendemos que Questar III, El departamento de Educación, sus oficiales, agentes, instructores y empleados no son legalmente responsables de cualquier enfermedad o accidente causado o sufrido por mi hijo/hija mientras viaje, asista, o participe en el programa PR/HYLI desde el momento de partida hasta su regreso.
Además, esto certifica que damos permiso, en caso de una emergencia, para que se le administre ayuda médica o servicios clínicos según sea recomendado u ordenado por un médico acreditado, incluso la administración de anestesia, exámenes de laboratorio, tratamiento médico o quirúrgico, exámenes de rayos x, y otros servicios médicos. Se da aquí autorización al médico, hospital, y/o a la clínica para obtener y proporcionar la información médica necesaria para completar formularios de seguros.

Firma del padre o de la madre/encargado:	**Fecha**

Por favor entrega este documento.

This contract is funded through the New York State Education Department.

THE STATE EDUCATION DEPARTMENT/
THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY

Angelo Del Toro

PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

STUDENT CONTRACT

I, _____, from_____ High School, have reviewed the rules of conduct presented to me by the sponsors of the Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute. In signing my name to this document, I promise to abide by these rules. If I break any of the rules, I understand that I will be immediately dismissed and sent home from this event, as well as jeopardizing my participation in any future activities, including receipt of scholarships.

In the event I am dismissed, my parent/guardian and I understand that arrangements including transportation costs for my return home will be the responsibility of my parent/guardian who will be notified immediately. In addition, my school principal will be notified.

Possession or use of alcoholic beverages/illegal drugs and/or possession of weapons will lead to immediate dismissal and may lead to discipline action under my district's code of conduct.

I have read this contract and will abide by all the rules.

Date: _____ Student Signature: _____

Date: _____ Parent/Guardian Signature: _____

Date: _____ Principal Signature: _____

Please submit this document.

This contract is funded through the New York State Education Department

Angelo Del Toro

PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

CONTRATO DEL ESTUDIANTE

Yo, _____, desde _____ High School, he revisado las reglas de conducta que me han presentado los representantes del Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute. Según mi asignatura, yo prometo seguir las reglas. Si rompo las reglas, yo entiendo que estaré despedido inmediatamente y mandado a casa desde este evento, a la vez arriesgando mi participación en futuros actividades, incluyendo recibiendo becas.

En el caso que soy despedido, mi madre o padre o encargado y yo entendemos que el pago de mi transportación de vuelta a casa serán la responsabilidad de mi madre o padre o encargado que serán notificado inmediatamente. Adicionalmente, mi director será notificado.

Posesión o uso de bebidas alcohólicas o drogas ilegales y/o posesión de armas causara que un/a participante seria despedido inmediatamente y puede ser disciplinado bajo del código de conducta de mi distrito escolar.

He leído este contrato y obedeceré todas las reglas.

Date: _____ Student Signature: _____

Date: _____ Parent/Guardian Signature: _____

Date: _____ Principal Signature: _____

Please submit this document.

This contract is funded through the New York State Education Department

2019 PUERTO RICAN/HISPANIC YOUTH LEADERSHIP (PR/HYLI)
PARENTAL CONSENT FORM/ CERTIFICACIÓN DE PERMISO PATERNAL

1. PARENT NAME:	
PARENT WORK PHONE: ( )	**PARENT CELL PHONE: ( )**
2. EMERGENCY CONTACT NAME:	
EMERGENCY HOME PHONE: ( )	**EMERGENCY CELL PHONE : ( )**
3. SCHOOL NAME:	**SCHOOL PHONE: ( )**

This is to certify that we the undersigned parents/guardians of _____
NAME OF STUDENT

in consideration for the benefits to be derived by our son/daughter at the PR/HYLI, do certify that he/she may participate in any normal and routine educational or recreational programs of the PR/HYLI, hereby release and discard the New York State Education Department, and Mid-West RBE-RN, their officers, agents, instructors, and employees from any and all illness, injury or accident occurred in or suffered by said son/daughter while traveling to, attendance at or participation in the PR/HYLI from the time of his/her departure from home until his/her return hereto.

This will further certify that we, the undersigned parents/guardians, hereby consent and grant permission should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinics to release necessary information to our local doctors and for use in claims for insurance coverage.

I also understand that my child will be required to attend a series of training sessions that will take place on _____, _____, _____, _____, _____ and _____. In addition, I understand that my child will be leaving for Albany on _____at 5:00 pm and returning at approximately 3:00 pm on _____. The adult chaperones will remain with him/her for ONLY one hour after arrival. I will make the necessary arrangements to be on time.

Please list any medical conditions/medications/dietary needs. _____

Parent's Signature/Firma de el padre o de la madre:	***Date/Fecha***

Por este medio se certifica que los padres/guardianes de _____
NOMBRE DEL ESTUDIANTE

que aquí firman en consideración de los beneficios que recibirá nuestro hijo/hija en el PR/HYLI, certificamos que él/ella puede participar en cualquier rutina educativa y recreativa del programa. Por lo tanto, comprendemos que el Departamento de Educación, y Mid-West RBERN, sus oficiales, agentes, instructores y empleados no son legalmente responsables de cualquier enfermedad o accidente causado o sufrido por mi hijo/hija mientras viaje, asista, o participe en el programa PR/HYLI desde el momento de partida hasta su regreso.

Además, esto certifica que damos permiso, en caso de emergencia, para que se le administre ayuda médica o servicios clínicos según sea recomendado u ordenado por un médico acreditado, incluso la administración de anestesia, exámenes de laboratorio, tratamiento médico o quirúrgico, exámenes de rayos x, y otros servicios médicos. Se da aquí autorización al médico, hospital, y/o a la clínica para obtener y proporcionar la información médica necesaria para completar formularios de seguros.

Además, comprendo que mi hijo/hija deberá asistir a una serie de talleres de entrenamiento que se llevarán a cabo durante los días _____, _____, _____, _____, _____ y _____. Además entiendo que la partida para Albany será _____a 5:00 pm. y que mi hijo/hija estará de regreso _____a las 3:00 p.m. aproximadamente. Los chaperones esperarán con él/ella SOLAMENTE durante una hora. Haré los arreglos necesarios para estar allí a tiempo.

Por favor mencione cualquier condición física, medicamentos o necesidades dietéticas de su hijo/hija _____.

****Principal's Signature/Firma del el Director (de un colegio):***	***Date/Fecha***

Mid-West RBERN
3599 Big Ridge Road
Spencerport, NY 14559-1799
(585) 352-2790

PHOTO, VIDEOS & ESSAYS RELEASE FORM

We, _____ of _____ hereby give
(parent/guardian name) (student name)
Monroe 2- Orleans BOCES Mid-West RBERN, New York State Education and the Puerto Rican Hispanic Task Force and their legal representatives and assigns, the right and permission to publish, without charge, photographs, with or without names, videos, and/or essays taken during the Puerto Rican/Hispanic Youth Leadership Institute (PRHYLI) taking place **_____** and PRHYLI training sessions held on **_____ , _____ , _____ , _____, _____ , and _____.**

These photographs, videos, and/or essays may be used in publication, including electronic publication (i.e., emails, Internet, etc.), and/or in audiovisual presentations, promotional literature, and/or advertising or in other similar ways.

I hereby warrant that I am over eighteen (18) years of age, and consent to the above.

Signature: _____ **Date:** _____

Names of Above (please print) _____

_____

Relationship to Child: _____

City, State, Zip: _____

Primary contact: Work**:** _____ Home**:** _____

Mid-West RBERN
3599 Big Ridge Road
Spencerport, NY 14559-1799
(585) 352-2790

Forma de publicación libre de Fotografías, Videos y Ensayos

Nosotros, _____ de _____ por la presente damos a
(Nombre de los padres o encargado) (Nombre del estudiante)
Monroe 2- Orleans BOCES - Mid-West RBERN, New York State Education, al Puerto Rican Hispanic Task Force y a sus representantes legales y asignamos, el derecho y permiso de publicar, sin regalías ni cargos, fotografías, con o sin nombres, videos, y/o ensayos o composiciones creadas durante el *Puerto Rican| Hispanic Youth Leadership Institute* (PRHYLI) lugar desde el _____ y a las sesiones de adiestramiento de PRHYLI en las siguientes fechas: **_____ , _____ , _____, _____ , _____ y _____.**

Estas fotografias, videos y/o ensayos o composiciones podrian ser usadas en publicaciones incluyendo publicaciones electronicas (correos electrónicos, paginas web, etcétera) también podrían ser usadas en presentaciones orales, audiovisuales, folleteria promocional, propaganda, anuncios y otros medios públicos similares.

Por la presente garantizamos ser mayores de 18 años. Por la presente otorgamos permiso a lo descrito en los párrafos anteriores.
Firma: _____ **Fecha:** _____

Nombre del signatario (imprenta) _____

_____

Relación al estudiante: _____

Ciudad, Estado, Código Postal: _____

Contacto primario: Trabajo**:** _____ Casa**:** _____

RECOMMENDATION FORM
For PR/HYLI Applicants

Student's Name _____
School and District _____ Grade _____
Name of person giving recommendation _____

Area of Performance	Average	Above Average	Outstanding
Ability of expression in oral work			
Ability of expression in written work			
Creativity in research work, projects, etc.			
Leadership in school and/or social activities			
Ability to work in teams or collaboratively			

To the person giving this recommendation: We would appreciate your opinion of this applicant's potential and abilities. The purpose of this recommendation is to give the Selection Committee a better understanding as to the merit of the candidate. Using this page and any additional space needed, please address the following questions:

- In what capacity do you know the student? How long?
- What qualities does this student exemplify in the following areas: leadership, citizenship, public speaking and heritage development?
- Other strong qualities
- Involvement in the community (if known)

Kindly return to the STUDENT in a sealed envelope**.**
We pay careful attention to your comments and appreciate your feedback.

RECOMMENDATION FORM
For PR/HYLI Applicants

Student's Name _____
School and District _____ Grade _____
Name of person giving recommendation _____

Area of Performance	Average	Above Average	Outstanding
Ability of expression in oral work			
Ability of expression in written work			
Creativity in research work, projects, etc.			
Leadership in school and/or social activities			
Ability to work in teams or collaboratively			

To the person giving this recommendation: We would appreciate your opinion of this applicant's potential and abilities. The purpose of this recommendation is to give the Selection Committee a better understanding as to the merit of the candidate. Using this page and any additional space needed, please address the following questions:

- In what capacity do you know the student? How long?
- What qualities does this student exemplify in the following areas: leadership, citizenship, public speaking and heritage development?
- Other strong qualities
- Involvement in the community (if known)

Kindly return to the STUDENT in a sealed envelope.
We pay careful attention to your comments and appreciate your feedback.