

**Black Youth Leadership Project, Inc.**

Presents

The 12<sup>th</sup> Annual

## **LEGISLATIVE OPEN HOUSE**



**FRIDAY, FEBRUARY 25, 2011**

**8:30 AM TO 5:00 PM**

**STATE CAPITOL**

**SACRAMENTO, CALIFORNIA**

The Black Youth Leadership Project, Inc. is hosting a one-day Open House geared toward African-American high school students interested in California politics, public policy, civics, governmental service, and/or community service. Students will participate with Capitol staff in mock committee hearings and a legislative floor session, passing laws that are important to them. The purpose of the Open House is to encourage African-American students in grades 9-12 to regularly interact with their state's political and community leaders and to use this opportunity to discuss the legislative process, timely policy concerns, and the role of democracy and advocacy within our communities.

# BLACK YOUTH LEADERSHIP PROJECT, INC.

*Presents*

## LEGISLATIVE OPEN HOUSE FRIDAY, FEBRUARY 25, 2011 8:30 AM-5:00 PM CALIFORNIA STATE CAPITOL APPLICATION

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

ANY APPLICATION THAT IS ILLEGIBLE OR INCOMPLETE WILL NOT BE CONSIDERED

LAST NAME \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MALE FEMALE

MAILING ADDRESS: \_\_\_\_\_ APT. \_\_\_\_\_  
NUMBER & STREET

\_\_\_\_\_ STATE: CA ZIP CODE: \_\_\_\_\_  
CITY ZIP CODE

HOME PHONE # (\_\_\_\_) \_\_\_\_\_ CELL PHONE # (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_ REFERRED BY: \_\_\_\_\_ /TEACHER /COUNSELOR

HAVE YOU ATTENDED A BYLP LEGISLATIVE OPEN HOUSE? \_\_\_\_\_ WHAT YEAR? \_\_\_\_\_

HAVE YOU ATTENDED A BYLP FALL DEBATE? \_\_\_\_\_ WHAT YEAR? \_\_\_\_\_

PLEASE HAVE THE FOLLOWING SIGNED BY A TEACHER WHOSE CLASS YOU ARE CURRENTLY TAKING:

I recommend \_\_\_\_\_ to attend the Black Youth Leadership  
Applicant

Project Inc.'s Legislative Open House at the California State Capitol held in Sacramento, California. In my class, the applicant has demonstrated leadership qualities and has an interest in politics and government.

Signed: \_\_\_\_\_ Print Name \_\_\_\_\_  
Teacher Teacher

Phone Number \_\_\_\_\_ School: \_\_\_\_\_  
Name of Class Student is in: \_\_\_\_\_

IN 150 WORDS OR LESS, PLEASE TELL US WHY YOU WANT TO ATTEND THE LEGISLATIVE OPEN HOUSE AND HOW SUCH PROGRAMS HAVE A POSITIVE IMPACT ON YOUNG PEOPLE. USE THE SPACE BELOW.

PLEASE LIST ANY EXTRA CURRICULAR ACTIVITIES AND COMMUNITY SERVICE THAT YOU ARE INVOLVED IN:

HOW DID YOU HEAR ABOUT THE OPEN HOUSE?

**PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE MAY BE HELPFUL TO THE BYLP SELECTION COMMITTEE.**

# PARENT CONSENT FORM

TO BE COMPLETED BY PARENT/GUARDIAN

\_\_\_\_\_ HAS MY PERMISSION TO ATTEND THE  
STUDENT'S NAME

BLACK YOUTH LEADERSHIP PROJECT'S LEGISLATIVE OPEN HOUSE ON FEBRUARY 25,  
2011, IN SACRAMENTO, CALIFORNIA.

SIGNATURE OF  
PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

PARENT/GUARDIAN DAYTIME NUMBER (\_\_\_\_\_) \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT  
(PLEASE PRINT) \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

HOME/OTHER PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

DOCTOR'S PHONE (\_\_\_\_\_) \_\_\_\_\_

INSURANCE AND CARRIER POLICY NUMBER \_\_\_\_\_

DOES STUDENT HAVE ANY ALLERGIES? \_\_\_\_\_

LIST ANY MEDICATION STUDENT IS CURRENTLY TAKING:  
\_\_\_\_\_

**PLEASE NOTE: PARENT CONSENT FORMS MUST BE SUBMITTED BY MAIL OR FAX.**

## **INSTRUCTIONS**

RETURN PAGES 2 – 5 OF THE COMPLETED APPLICATION TO:

BLACK YOUTH LEADERSHIP PROJECT, INC.  
LEGISLATIVE OPEN HOUSE  
P.O. Box 1763  
SACRAMENTO, CA 95812

YOU MAY FAX THE COMPLETED APPLICATION TO:  
(916) 319-3979

**ALL APPLICATIONS MUST BE RECEIVED BY  
JANUARY 18, 2011.**

**(POSTMARKS WILL NOT BE ACCEPTED)**

**ACCEPTED APPLICANTS MUST BE HIGH SCHOOL STUDENTS,  
AND/OR ENROLLED IN THE 9<sup>TH</sup> – 12<sup>TH</sup> GRADES.**

**APPLICATIONS ARE CONSIDERED COMPLETE ONLY  
IF ALL SECTIONS ARE ANSWERED AND PRINT IS LEGIBLE.**

**APPLICANTS WILL BE NOTIFIED OF ACCEPTANCE VIA EMAIL  
(OR U.S. MAIL) BEGINNING JANUARY 28, 2011.**

PLEASE CONTACT Ms. LORREEN PRYOR AT (916) 319-3822 OR  
[LORREEN.PRYOR@ASM.CA.GOV](mailto:LORREEN.PRYOR@ASM.CA.GOV) IF YOU HAVE ANY QUESTIONS.