



## **Faces of Change Application**

*Deadline for postmark on mailed applications:  
**February 28th***

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Last Name	First	Middle
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Mailing Address	City	State	Zip
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Phone Number	Email
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Age	Gender Identity
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Best way to contact:

Phone       Email       Mail

Please specify your ethnicity:

African American     American Indian     Asian or Pacific Islander  
 Hispanic     White     Other (please specify) \_\_\_\_\_  
 Not sure

Please tell us about your disabilities / health conditions:

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Accommodations Needed: (Please check if you will require any of the following during the events.)

- |   |   |
|---|---|
| <input type="checkbox"/> Electronic Format              | <input type="checkbox"/> Transportation (for the event) |
| <input type="checkbox"/> Braille                        | <input type="checkbox"/> Personal Care Attendant (PCA)  |
| <input type="checkbox"/> Wheelchair Access              | <input type="checkbox"/> LARGE PRINT                    |
| <input type="checkbox"/> Sign Language Interpreter      | <input type="checkbox"/> Assisted Listening Device      |
| <input type="checkbox"/> Other (please describe): _____ |   |

Please list any dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_

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## Education and Community Involvement

(Attach page if extra space needed)

Current or Highest Level of Education Obtained: \_\_\_\_\_  
\_\_\_\_\_

Name of High School or College Currently Attending: \_\_\_\_\_  
\_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Below, please list and briefly describe your involvement in school and community activities.

### School Activities:

<u>Organization/Activity</u>	<u>Leadership Position</u> (Include when position was held)	<u>Dates</u> (From when to when)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Community/Volunteer Activities:**

Organization/Activity

Leadership Position  
(Include when position was held)

Dates  
(From when to when)

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**Employment:**

Name of Business or Organization

Description of Duties

Dates Employed

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**Contacts**

How did you hear about this program? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## **Required Attachments**

1. An essay addressing the following:
  - What is your idea of leadership?
  - Tell us two leadership qualities you already have and two leadership qualities you need to work on.
  - Tell us about the leadership activity you participated in that you are most proud of and why.
  - Tell us about the most challenging leadership activity you have participated in and include why it was challenging for you.

Note: Essay is to be a minimum of one page, written in 12 point Times New Roman font, double-spaced, and formatted with 1 inch margins.

2. Completed and Signed Letter of Commitment
3. Two Letters of Recommendation
  - Select two individuals to provide letters of recommendation for you. These individuals must be over the age of 21 and cannot be related to you. They also need to be people who have seen you act as a leader and can describe your leadership skills. Both references are to be submitted as a part of your application packet. Each reference must be in a sealed envelope, with the seal signed by your reference. Please refer to the attached reference forms for more information.

Please use the checklist below to ensure your application packet is complete. *All questions must be answered and requested letters and information provided. If any part is missing, the application will be removed from consideration.*

<b>Required Item</b>	<b>Enclosed</b>
1. Application form	
2. Typed response to essay questions	
3. Letter of commitment	
4. Two completed references	

**If you have any questions, contact:  
Faces of Change Program Specialist  
[faces@kyea.org](mailto:faces@kyea.org) or 785.215.6655**

**Please return completed applications to:  
Kansas Youth Empowerment Academy  
Faces of Change  
517 SW 37<sup>th</sup> St. Suite B  
Topeka, KS 66611  
Email to: [faces@kyea.org](mailto:faces@kyea.org)**



## Letter of Commitment

### Faces of Change

I, \_\_\_\_\_, am aware I am committing to the following:

- Regular attendance to Faces of Change training weekends. I am required to attend all events unless otherwise arranged with the Faces Program Specialist. I understand I can only miss **one** session before I may be asked to leave the program.
- If I am to miss an event, I will give proof of my reason for not attending at least 1 week in advance. If, in the circumstance of an illness or emergency, I am unable to give proper notice, I will inform the Faces Program Specialist as soon as possible.
- In the case of my absence, I am responsible for contacting the Faces Program Specialist to obtain my make-up work. I will then hand in all required work to the Program Specialist at the date of their choosing.
- Treating all team members with respect.
- Following the program guidelines and rules as laid out and decided on during our first meeting.
- Completing my community service project to the best of my abilities.

I am aware that if I cannot fulfill these requirements, I could be asked to leave the Faces of Change program with the possibility of participating at a later date when I am more available and able to meet the above mentioned commitments.

Please list any potential interfering commitments you are currently aware of:

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**Name of Participant**

**Signature**

**Date**

**Reference Form**

**TO THE APPLICANT**  
(PLEASE PRINT OR TYPE)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Faces of Change Selection Committee must receive this form by January 14. The comments will be used for selection purposes only.

I \_\_\_\_\_ (the applicant for Faces of Change) hereby request that you complete this reference so I may be considered by the Kansas Youth Empowerment Academy for the Faces of Change leadership program.

Applicant Signature \_\_\_\_\_

**TO THE REFERENCE**

The person named above is an applicant for Faces of Change, a leadership development program created by the Kansas Youth Empowerment Academy. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The Committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help.

Please return this form and attached statements to the applicant in a sealed envelope with your signature on the seal. *Please make note that the applicant must submit their completed application packet, with references, by **January 14**.*

Name of Reference \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please address the following questions in your letter:

- In what ways have you seen the applicant work as a leader?
- How would you describe the applicant's leadership style and abilities?
- Please provide a specific example in which you have seen the applicant's leadership abilities at work.
- What areas of leadership do you see a need for improvement on for the applicant?

## Reference Form

### TO THE APPLICANT

(PLEASE PRINT OR TYPE)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Faces of Change Selection Committee must receive this form by January 14. The comments will be used for selection purposes only.

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Email Address \_\_\_\_\_

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