

**\*\*\*The 2005 Summer Leadership Program 2005 dates are Sunday, July 24<sup>th</sup> – Friday, July 29<sup>th</sup>. The camp will be held at the National Guard Training site in Center Strafford, NH\*\*\***

## **Student Information**

Name \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

School, Community, and Teen Institute Activities with which I've been involved:

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Reasons I want to attend the 2005 Summer Program:

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I have reviewed the Summer Program brochure of the NH Teen Institute. **If selected to attend, I agree to participate in the Summer Program for all 5 days, and I agree to abide by its rules and regulations.** I also intend to share the knowledge and skills I gain from the Summer Program with others in my school and home community.

\_\_\_\_\_  
**Student Signature and Date**

## **Parent/Guardian Information**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home/Work Phones \_\_\_\_\_

I have reviewed the Summer Program brochure of the NH Teen Institute, and I agree to allow my son/daughter to attend, if selected. I further agree to be supportive of his/her efforts to share knowledge and skills gained at the Summer Program with his/her school and home community.

**I fully understand that he/she needs to be in attendance for all 5 days and 5 nights of the Program week and will support Teen Institute in working with my son/daughter through homesickness issues.** I also understand that Summer Program participant contact information is given out to all participants at the end of the Program week.

I am aware that participation of any student having less than one year of recovery from substances or any serious emotional problems must be discussed in advance with the NH Teen Institute office.

\_\_\_\_\_  
**Parent Signature and Date**

## Tuition Payment Information

A \$50.00 nonrefundable deposit must accompany this application and will be applied to the camp tuition. Tuition for applications received **before May 1<sup>st</sup>** is \$350, and **after May 1<sup>st</sup>** is \$400.

**Please check preferred type of payment and provide requested information:**

- Self-Pay by Check.** Checks should be made payable to: **NH Teen Institute, Inc.**
- Self-Pay by Credit Card.** Card Type: **Mastercard** \_\_\_\_\_ **Visa** \_\_\_\_\_  
Payment Amount \_\_\_\_\_ Name as it appears on card \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_
- Scholarship from School/Community Organization**  
Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_
- Scholarship Request.** Scholarships are available on a limited basis. Please contact the NH Teen Institute office for a scholarship application.

### Student Reference from Advisor, School, or Community Representative

Name \_\_\_\_\_ Position \_\_\_\_\_

School/Community Organization \_\_\_\_\_

Mailing Address/City/State/Zip \_\_\_\_\_

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

**I understand that Summer Leadership Program participants are expected to demonstrate:**

- The potential to positively lead or influence their peers
- An interest in helping others
- Responsibility and respect for self and others

I believe this teen applicant has the ability to be a positive influence with his/her peer group. **I have seen no evidence that s/he has a current alcohol/drug, behavior, or emotional problem. I fully understand that NH Teen Institute's Summer Program is a prevention program, not a treatment program.**

**I recommend that this teen applicant be accepted to the Summer Program of the NH Teen Institute.** This teen applicant meets the age criteria and has willingly expressed a desire to attend the 2005 Summer Program. I agree to assist this student in locating a scholarship sponsor from our school or community if needed. I will also support him/her in drug/alcohol prevention efforts during the 2005-2006 school year.

**Additional Comments: (Please feel free to attach a separate sheet of paper, if necessary.)**

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**Reference Signature and Date**