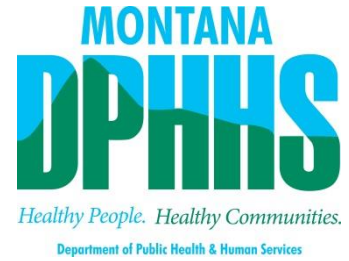


STUDENT ASSISTANCE FOUNDATION AND  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES



Summit for Youth in Foster Care



**Return Application to:** Rhonda Safford  
Student Assistance Foundation  
2500 Broadway, Helena, MT 59601  
Office (406) 495-7750  
Cell (406) 438-6933  
Fax – (406) 495-7852  
[rsafford@safmt.org](mailto:rsafford@safmt.org)

**Title:** A STEP AHEAD – “Building a Path to Success” Summit for Youth in Foster Care

**Where:** Montana Tech, Butte, Montana

**When:** June 20-23, 2016

- ✓ **What:** Summit team leader
- ✓ **Why participate:** You will play an active role in helping students learn ways to be more successful in school; meet students and peers from all over Montana; and facilitate groups of students. Travel is reimbursed unless coming from out of state. Room and board provided.
- ✓ **Staff:** Recruiting 4 team leaders for camp – 2 male, 2 female
- ✓ **Compensation:** This is a **time-intensive** commitment to student achievement. It will be your responsibility to act as a team leader while the sessions are running and be available to students on breaks and during free time. Basically, this means from wake-up to lights out!
- ✓ **Qualifications:** 18 years of age and successfully completed “A Step Ahead” Summit in a previous year.
- ✓ **Background Check:** We will need to do a full background check prior to coming to camp.

To apply, complete the application and photo release in the packet. Return these to the address at the top of this letter no later than **May 2, 2016**.

Sincerely,

Rhonda Safford

**Student Assistance Foundation and DPHHS  
June 20-23, 2016**

**Summit/Camp Team Lead Application**

Please type or print neatly.

<b>APPLICANT INFORMATION</b>	
Student's Name: (last, first, middle initial)	Current mailing address and street address: Street:  City:                      State:                      Zip:
Birth date: (mm/dd/yyyy)    /    /  Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  Age:	Telephone:  Email:  T-shirt Size:
Telephone:  Email:	Alternate Telephone (cell, message, etc.):
Ethnicity (for statistical use only) <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific <span style="padding-left: 100px;">Islander</span> <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	Are you the first one in your family to go to college if you are attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of college or program you are planning to attend or place of employment:	Address of college or program or employment:
Type of college or program (or other if working): <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Other	Name and address of emergency contact person:  Telephone:

Please explain why you want to attend this summer camp as a team lead?

How do you think you can contribute to the success of the students preparing for college?

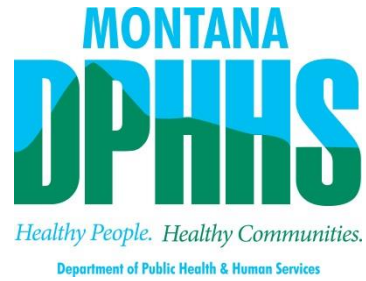
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Signature of Student

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Date

**APPLICATION DEADLINE MAY 2, 2016**



PHOTO/PUBLICITY RELEASE FORM

For youth 18 years of age or older

Name : \_\_\_\_\_ ( please print)

For value received and without further consideration, I hereby consent to the use of all photographs, videotapes or film, taken of me and/or recordings made of my voice and/or written extractions, in whole or in part, of such recordings at the "A Step Ahead" – Summit for Youth in Foster Care held on June 20-23, 2016 by Student Assistance Foundation and/or others with its consent, for the purposes of illustration, advertising, or publication in any manner.

Name \_\_\_\_\_ (signature)

Address: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the subject is a minor under the laws of the state where photos are done:

Guardian: \_\_\_\_\_ (please print)

Guardian: \_\_\_\_\_ (signature)

Address: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_