

Franciscan University of Steubenville

2005 High School Youth Conferences
Application for the Young Apostle Leadership Team

APPLICATIONS MUST BE RECEIVED BY MARCH 1, 2005

PLEASE PRINT LEGIBLY!!

Name: *(First and Last)*

Address: *(Number and Street)*

City:

State:

Zip Code:

Phone: *(include area code)*

High School Graduation Year:

E-mail:

Age:

Male/Female:

Birthday:

T-shirt Size: *(Adult Sizes – S, M, L, XL, XXL)*

Church Name:

Youth Minister: *(Person who is filling out recommendation.)*

Have you been to a Franciscan Youth Conference before?

Yes

No

If so, what year did you attend?

Have you ever served as a Young Apostle?

Yes

No

If so, where?

What year?

Please prioritize your two choices by placing a "1" or a "2" in the box corresponding to the conference of your choice.

The week of:

June 13-19	<input type="checkbox"/>	High School 1 (Steubenville, OH)	<input type="checkbox"/>	*Steubenville Atlanta (Atlanta, GA)
June 20-26	<input type="checkbox"/>	High School 2 (Steubenville, OH)	<input type="checkbox"/>	Steubenville South (Alexandria, LA)
July 4-10	<input type="checkbox"/>	High School 3 (Steubenville, OH)	<input type="checkbox"/>	Steub. St. Louis/Mid Ameri. (Springfield, MO)
July 11-17	<input type="checkbox"/>	High School 4 (Steubenville, OH)	<input type="checkbox"/>	Steubenville East 1 (Attleboro, MA)
July 18-24	<input type="checkbox"/>	Steubenville of the Rockies (Denver, CO)	<input type="checkbox"/>	Steubenville East 2 (Attleboro, MA)
July 25-31	<input type="checkbox"/>	Steubenville San Diego (San Diego, CA)	<input type="checkbox"/>	Steubenville West (Tucson, AZ)
			<input type="checkbox"/>	Steubenville North (Minneapolis/St. Paul, MN)
			<input type="checkbox"/>	Steubenville Northwest (Olympia, WA)

* Date TBA

Please check the web site for updates.

PLEASE NOTE:

- The cost to participate in the Young Apostles Leadership Team does not include travel to the conference site. Details regarding arrival information will be sent if you are selected to participate.
- Priority is given to those who are applying to be Young Apostles for the first time.
- While the first and second choice will be considered, preferences are not guaranteed.

PLEASE TURN OVER AND SIGN BOTH PARENTS AND APPLICANT

IMPORTANT AGREEMENT:
(Please Read before signing)

I, _____, the parent/guardian of _____, have read the attached information sheet explaining the Young Apostles Leadership Team and other related information, as well as the portion of the application filled out by my son/daughter. I give permission for my son/daughter to be a part of the 2005 Young Apostles Leadership Team. Furthermore, my son/daughter agrees to abide by the **disciplines of no swearing, smoking, drinking, or use of drugs or tobacco during his/her Young Apostle experience.**

Signature of Parent or Guardian

Signature of Applicant

On a separate sheet, write a paragraph about each of the following, and attach it to this application:

1. When did you make a decision in your life to follow Christ?
2. How have you lived out your commitment to follow Christ this year?

Be sure to include all parts when sending in your application. They will not be processed until we have received:

- ***Application (a picture is requested, but will not hold up your application process)***
- ***Answered Questions***
- ***Youth Minister Recommendation (can be sent separately if needed)***

When you have completed this application form, please send it to:

Franciscan University of Steubenville
Youth and Young Adult Outreach Office
c/o Young Apostle Leadership Team
1235 University Blvd.
Steubenville, OH 43952

If you have any questions please call: Rachael Patt, Youth Conference Manager

Ph: 740-283-6440 ext. 4221

Fax: 740-284-5494

Return Mailing Checklist:

- Pages 1 & 2 of the application are filled out in their entirety.
- Both the applicant and a parent/legal guardian have signed on page 2.
- The essay questions are attached to the application.
- A recent photo is attached to the application.

The Youth Minister/Priest Recommendation Form (pages 3 & 4):

- is included with the application.

-or-

- will be sent separately by my youth minister/priest.

3. List what you have observed to be this person's strengths and weaknesses (spiritual and otherwise).

4. List what you know about this person's background that would be helpful to his/her Young Apostle Leader in the following areas:
 - Physical Condition –

 - Social Maturity –

 - Emotional Maturity –

5. What is your relationship to this applicant? How many years have you known this person?

6. Is there any other information that would be helpful for the Young Apostle Leaders to know as they serve your young person? (such as depression, eating disorder, etc..)

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**PLEASE NOTE: This recommendation is confidential.
It is for the use of the Young Apostles Application committee only.**