

# MARION BARRY YOUTH LEADERSHIP INSTITUTE



## RETURNING PARTICIPANT APPLICATION

Applicants for the Marion Barry Youth Leadership Institute (MBYLI) must be residents of the District of Columbia and 14 to 19 years of age. For information about MBYLI, please call (202) 698-3492.

### PERSONAL INFORMATION (Please print or type)

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

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
(City) (State) (Zip Code) Ward \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(Male) (Female)

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Cell)

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Cell)

Address \_\_\_\_\_  
(City) (State) (Zip Code)

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

In case of emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
(City) (State) (Zip Code)

(OVER)

**PERSONAL STATEMENTS:** There are no right or wrong responses, so feel free to answer openly and honestly. Each of your statements should be at least four sentences. You may attach additional sheets, if needed.

What are your reasons for re-applying to MBYLI? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How has MBYLI affected your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did MBYLI help you in accomplishing your goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. When did you participate in MBYLI? Summer 20\_\_\_\_ Fall 20\_\_\_\_  
2. How many MBYLI activities have you participated in from October 2016 to the present? \_\_\_\_\_  
If none, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Please check your T-shirt size (one size only)  
Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_ XXX-Large \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Parent/Guardian Signature Date

**NOTE: To be considered an applicant for MBYLI, youth must apply to the Mayor Marion S. Barry Summer Youth Employment Program. To apply, please go to [summerjobs.dc.gov](http://summerjobs.dc.gov). For additional information about MBSYEP, please call (202) 698-3492.**

*DEADLINE FOR SUBMISSION OF THIS APPLICATION IS FRIDAY, MARCH 31, 2017.*

*This completed application must be received in the Office of Youth Programs by the deadline date. The Office of Youth Programs is located at 4058 Minnesota Avenue, NE, Washington, DC 20019.*