



2017 Summer Leadership Institute Youth Application

Name: _____ Age: _____

Phone: _____

Email: _____

Full Home Address: _____ Apt# _____

Neighborhood you live in: _____

SLI demands committed attendance and full participation.

Please answer the following questions to demonstrate your readiness for the program.

Where did you hear about the program?

- Groundswell Summer Program (SLI) or Groundswell project
- School
- Internet
- Friend (Friend's Name: _____)
- Teacher (Teacher's Name: _____)
- Other _____

Have you applied to SYEP before?

- Yes
- No

Were you selected?

- Yes
- No

What social justice/community change issues are important to you? Why?

How comfortable are you with working on teams/collaborating?

5 4 3 2 1
Very comfortable Not comfortable at all



Why is making art important to you?

What do you hope to gain from participating in Summer Leadership Institute?

What are some of the leadership and/or art skills you would like to develop?
(Check all that apply)

- Communication/Public Speaking
- Visual Literacy
- Research
- Drawing
- Painting
- Critical Thinking
- Problem Solving
- Goal-Setting
- Collaboration/Team-work
- Empathy/Compassion
- Other _____

List three (3) fears or uncertainties that you have in relation to you working with us this summer.

1. _____
2. _____
3. _____

Are you a past participant of Groundswell? Yes No. Please list all Groundswell program(s) you've participated in:

Some of our projects may be located outside of your neighborhood and/or borough. How comfortable are you with commuting to work?

5	4	3	2	1
Very comfortable				Not comfortable at all

How comfortable are you with working in other neighborhoods and/or boroughs?

5	4	3	2	1
Very comfortable				Not comfortable at all