

SCHOOLS ONLY: After you have enrolled the student into your program, please forward this application to Clary MS ATTN: Lisa Costanzo

2023 9-12 Bea González Fellows Program



Please return application to your child's school as soon as possible, by **May 19**. For questions, please reach out to your school. Visit syracusecityschools.com/summer for program updates.

Student Information

Student Name (First & Last) _____

Date of Birth _____ Age _____ Do you have a NYS Driver's License? (Please circle) **Yes or No**

Other (Charter, Transfer, etc.) _____

Please mark your child's current grade level

9 ☐

10 ☐

11 ☐

12 ☐

Contact/ Emergency Information

Parent/Guardian Name (First & Last) _____

Address (#, Street, Zip) _____

Phone (Main) _____ Phone (Second Option) _____

Email Address _____

In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Enrichment or Past Employment Information

Have you worked in the past or participated in a Summer Fellows or the Bea González Program before?
(Please circle) **Yes or No**

If yes, what program did you have experience with or work for? _____

Signature

I certify that the information on this application is true and can be subject to verification. I understand that falsification is grounds for termination and may result in an action to recover any funds paid while participating in the program. Accordingly, I am authorizing this information may be shared with the City of Syracuse, Syracuse Urban Partnership, and Youth Program Organization looking to be a part of the Summer Fellows Program.

☐ I understand that I must complete at least 75% of the 6-week program to receive the work stipend for this program.

Student's Signature _____ Date _____

Parent/Guardian, if under 18 _____ Date _____