



THE SPIRITUALITY  
and LEADERSHIP  
INSTITUTE for  
YOUNG LEADERS

# SPIRITUALITY PROGRAM FOR HIGH SCHOOL STUDENTS 2019 APPLICATION

CALDWELL UNIVERSITY

High school students are invited to join a special program to get closer to God and determine how best to serve and advocate for social justice in the world.

The program consists of a six-day residential Spirituality and Society Summer Program at Caldwell University with a Reunion in the fall.

- **Spirituality and Society Summer Program: July 14 – 19**  
Caldwell University, Caldwell, NJ

## ADMISSION REQUIREMENTS

1. Complete this program application or the online program application at [www.caldwell.edu/SLI](http://www.caldwell.edu/SLI).
2. Complete recommendation form (or download the recommendation form at [www.caldwell.edu/SLI](http://www.caldwell.edu/SLI)); have a youth minister, teacher, guidance counselor or other adult non-family member complete and mail to Caldwell University, SLI, 120 Bloomfield Avenue, Caldwell, NJ 07006; or e-mail to [SLI@caldwell.edu](mailto:SLI@caldwell.edu).

## APPLICATION DEADLINE

Early Action: **March 31, 2019**

Final: **June 1, 2019**

## CANDIDATE INFORMATION

Name \_\_\_\_\_  Male  Female  
First M.I. Last

Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
mm/dd/yyyy

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Area Code Number Area Code Number

Address \_\_\_\_\_  
Number & Street City/Town State Zip Code

Name of High School Attending \_\_\_\_\_

High School Address \_\_\_\_\_  
Number & Street City/Town State Zip Code

High School Graduation Date (expected) \_\_\_\_\_ High School GPA \_\_\_\_\_  
mm/dd/yyyy

Religious Affiliation (optional) \_\_\_\_\_

(continued)

**CANDIDATE INFORMATION (CONTINUED)**

Parent/Guardian Name \_\_\_\_\_  
First Last

Parent/Guardian Address \_\_\_\_\_  
(ONLY if different from Candidate's) Number & Street City/Town State Zip Code

Emergency Contact Name \_\_\_\_\_ Relationship to Candidate \_\_\_\_\_

Emergency Contact Phone Number  Home  Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Adult Submitting Personal Recommendation \_\_\_\_\_  
First Last

Address of Adult Submitting Personal Recommendation \_\_\_\_\_  
Number & Street City/Town State Zip Code

Phone Number of Adult Submitting Personal Recommendation  Home  Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

T-Shirt Size  XS  S  M  L  XL  XXL  XXXL

**AUTHORIZATION AND CONSENT**

By submitting this application I certify that all the information contained in this application and provided as part of this application is true and correct to the best of my knowledge. I authorize The Spirituality and Leadership Institute for Young Leaders (SLI) program staff to verify all of the information contained in this application.

I give permission to release my name and/or picture for any SLI publication, including but not limited to, the program marketing and Web site materials. I understand that if I enroll in the SLI program, I am required to fulfill all requirements set forth by the SLI program administration, including attendance in July and October 2019. I understand that acceptance into the SLI program is subject to eligibility, the timely submission of all materials, and the approval of the Director of the SLI.

I further agree to provide parent/guardian approval as required.

Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that typing my name on this line is equivalent to my signature.

