

PHOTO:
Please include two small photos of yourself. One for our files and the other for a poster of all the participants.

Pearson Seminar on Youth Leadership



July 24th to August 13th, 2010

Program Registration Form (Please type or print clearly)

First Name _____ Last Name _____ Female Male

Home Address _____ City/Town _____

Province _____ Country _____ Postal Code _____

Phone Number _____ Student Email _____

Date of Birth _____ I give permission for PSYL to share my email with other students prior to attending program YES NO

Age on July 24th, 2010 _____

School Name _____ City/Town _____ Current Grade _____

I speak English: Fluently Well Poorly Other Languages Spoken: _____

I understand English: Fluently Well Poorly _____

How did you hear about PSYL? _____

Student's Declaration

PSYL is an intensive experience, requiring from all who attend a commitment to the program. I declare that the information I have given is correct and that I wish to register for the Seminar. I undertake to participate whole-heartedly in the full program.

Signature _____ Date _____

Parent's/ Guardian's Declaration

I understand the information and conditions outlined in the PSYL website. I declare that the information given by my son/daughter is correct and support his/her application.

Signature _____ Date _____

Parent's Email _____ required for acceptance notification

Registration Process

- Students must be recommended by their school Principal, Guidance Counselor or Teacher. A school may recommend several candidates.
- Participants must be fluent in English- capable of following and participating in advanced level discussions
- Parents or Guardians' permission must be obtained
- Refunds will be considered in the event of illness or injury only, and in the event of a refund a processing charge of \$100.00 will apply before July 24 and \$350 after July 24.
- Students will be notified of acceptance by email within 2 weeks on receipt of application. Please contact this office if you have not received notification.

I wish to register for:

- The standard program** - \$2,825 (plus 5% G.S.T. before May 1st, 2010 or 12% H.S.T. on or after May 1st, 2010)
- The accredited program** - \$3,560 (plus 5% G.S.T. before May 1st, 2010 or 12% H.S.T. on or after May 1st, 2010). Ontario IDC4U Credit or BC Gr.12 External Credit.

A deposit of \$350 or full payment must accompany this application. Credit card information for final payment or a post date cheque is required. Final payment due within 30 days of acceptance or before June 24, 2010 whichever comes first.

Final payment for standard program is \$2,616.25 before May 1 or \$2814.00 on or after May 1.

Final payment for accredited program is \$3388.00 before May 1 or \$3637.20 on or after May 1.

Please charge \$350 deposit to my credit card Deposit check enclosed Please charge final payment to credit card within 30 days (or before June 24)

MasterCard/VISA # _____ Expiry Date _____

Signature _____ Name on Card _____

Submit Application to:

Registration - Pearson Seminar on Youth Leadership

650 Pearson College Drive, Victoria, BC, Canada. V9C 4H7

Fax: 250-391-2412

Email: youth@pearsoncollege.ca

Telephone: 250-391-2420

www.psy.ca

To be completed by the student and confirmed by School Official

You may use a separate sheet of paper if needed to complete answers

1) What kinds of leadership roles have you taken in school or community activities?

2) In which leadership skills are you confident? Which new skills would you like to be introduced to, or develop further?

3) Please indicate your reason for attending PSYL. What do you hope to learn from the experience and contribute to it?

4) Please feel free to add any additional comments.

To be completed by School Official

1) Assessment of academic ability: Outstanding _____ Very Good _____ Good _____ Weak _____

2) Assessment of the student's knowledge of current affairs (provincial/state, national, international).

Please indicate if this assessment is based on any outstanding factor.

3) Additional Comments– i.e. regarding student's motivation to participate fully in the Pearson Seminar.

4) If student is applying for accredited version of program please confirm eligibility for the course credit. Students may receive an IDC4U credit from Ontario Ministry of Education or an External Credential in BC.

DECLARATION:

I consider the student named should benefit from the Pearson Seminar on Youth Leadership. His/her abilities are reflected in discussion, community activities as well as in respect to his/her peer group. Parent/guardian approval and any other required authorization for the applicant's attendance must also be obtained.

Signed _____ Printed Name _____
(Principal/School Guidance Counselor/Teacher) Date _____

The Pearson Seminar on Youth Leadership is a challenging experience which requires a full commitment from all who attend.

Participants should be:

- responsible, with the ability to profit from new learning experiences
- open in outlook and interested in community, national and international affairs
- grade 10-12 and/or Age 15-18
- good academic standing
- prepared to share their experiences with others