2020 Summer Youth Institute Application

The 2020 Summer Youth Institute (SYI) will be held on July 23-24 & 27-31.

The SYI application is open to students who will enter the 8th, 9th or 10th grade next fall. Applications are reviewed and students are selected each spring for that summer’s program. Enrollment is limited to approximately 24 students who demonstrate motivation, maturity, and a genuine interest in pursuing academic goals. Students must live and attend school in the City of Milwaukee. Students who are first-generation college bound (neither of your parents graduated from college) or use English as a second language are strongly encouraged to apply.

* An asterisk indicates the question is mandatory and must be answered.

STUDENT INFORMATION

To be completed by the student.

Today’s Date: * _________ / _________ / _________

MM                          DD                        YYYY

Student Name: *

First Name

Last Name

Student Email Address: *

Email is our primary mode of communication. However, we will not email the student without copying the parent/guardian.

Student Phone Number: *

#### - #### - ####

Student Home Address: *

Street Address

Address Line 2

City                        State                      Zip Code

Student Birth Date: * _________ / _________ / _________

MM                          DD                        YYYY

What grade will you enter next fall? Circle one. *
(Note: SYI only admits students who will enter 8th, 9th or 10th grade next fall.)

• 8th Grade
• 9th Grade
• 10th Grade
What school will you attend next fall? *  
_________________________________________________

What is the address of the school you will attend next fall? *  

_________________________________________________________________________

Street Address  
_________________________________________________

Address Line 2  
_________________________________________________

City  State  Zip Code

Please provide the name of your guidance counselor or favorite teacher:  
________________________________   ___________________________________

First Name  Last Name

Please provide the email address of your guidance counselor or favorite teacher:  
_________________________________________________________________________

Do you live AND go to school in the City of Milwaukee? Circle one. *

•  YES
•  NO  (Note: SYI only admits students who live AND go to school in the City of Milwaukee.)

Did either of your parents graduate from college? Circle one. *

•  Both parents graduated from college
•  Only mother graduated from college
•  Only father graduated from college
•  Neither parent graduated from college

Do you or your parents speak a language other than English at home? (If yes, what language?) Circle one. *

•  NO
•  YES: _________________________________________

Have you applied for the Summer Youth Institute in the past? (If yes, what year?) Circle one. *

•  NO
•  YES: _________________________________________
How did you hear about the Summer Youth Institute? *

____________________________________________________

By signing your full name below, you agree that if you are selected to participate in the program you will arrive on time each day, attend all program sessions, and complete all assignments. *

____________________________________________________
Student Signature

PARENT/GUARDIAN INFORMATION
To be completed by the parent/guardian.

Parent/Guardian Name: *

First Name

Last Name

Parent/Guardian’s Relationship to Student (mother, father, grandparent, etc.): *

____________________________________________________

Parent/Guardian Primary Phone Number: *

_______ - _______ - _________

###                   ###                    ####

Parent/Guardian Alternate Phone Number: *

_______ - _______ - _________

###                   ###                    ####

Parent/Guardian Mailing Address: *

________________________________________________________________________
Street Address

________________________________________________________________________
Address Line 2

City                State              Zip Code

Email is our primary mode of communication. Can you easily receive and respond to emails? Circle one. *

• No, I cannot easily receive or respond to emails. Please call or mail me.

• Yes, I can easily receive and respond to emails. (Please provide email address below.)

__________________________________________
Email Address
Other Adult Contact Name: *  
First Name  
Last Name

Other Adult Contact Relationship to Student: *

____________________________________________________

Other Adult Contact Phone Number: *  
_______ - _______ - _________  
### - ### - ####

Other Adult Contact Email (optional):

____________________________________________________

Your signature below indicates your awareness of your child's application for admission to the Marquette University Law School Summer Youth Institute, and you will ensure your child's successful attendance and completion of the program. *

____________________________________________________

Parent/Guardian Signature

STATEMENT OF INTEREST & SUPPORTING DOCUMENTS

1) **STATEMENT OF INTEREST.** Please write an essay of no less than 250 words and no more than 500 words telling us about yourself and discussing why you would like to participate in the Summer Youth Institute. This statement should reflect a tone that demonstrates sincere interest in the program and the seriousness with which you will apply yourself. *The committee gives serious consideration to your personal statement.*

2) **LETTER OF RECOMMENDATION.** Please provide a letter of recommendation from a teacher, school counselor, mentor, pastor, employer, or other non-family member. Give your recommender the following instructions:
   - Letters should indicate the candidate's full name, preferably in the first paragraph.
   - Letters should be typed, not handwritten.
   - Letters should be printed on professional letterhead.
   - Letters require the writer's signature and typed full name.
   - A recommendation letter should be no more than one page and should include the following:
     - How long and in what capacity the writer has known the applicant.
     - The writer’s estimates of the candidate’s general promise as an attendee of the Summer Youth Institute's rigorous program.
     - Consider including answers to the following questions: How do you rate the applicant's overall ability to work hard? To follow-through on commitments? To work with others? To manage complex information? To what extend is the applicant persistent and motivated? Is there reason to doubt her or his commitment to the Summer Youth Institute program?
3) **REPORT CARD.** Please provide a copy of your report card that is most recent at the time you are submitting your application.

Email, fax, or mail your completed application, statement of interest, letter of recommendation, and most-recent report card to:

**Email:**  SYI@marquette.edu

**Fax:**  414-288-0200

**Marquette University Law School**  
Attn: Summer Youth Institute  
P.O. Box 1881  
Milwaukee, WI 53201