

***A Partnership of the Clerk of Court and The Spartanburg County Foundation***

**2018 Application Coversheet**

|  |  |
| --- | --- |
| **Name** |  |
| **Home Address** |  |
| **Phone** |  |
| **Email** |  |
| **School** |  |
| **Grade in School** |  |
| **Age** |  |
| **Ethnicity\***  |  |
| **Special Assistance**  | *Please circle or write in: Service dog, interpreter, other:*  |

*\* This question is* ***optional*** *and will not affect your selection to participate in the class if unanswered.*

***Parent/Guardian Consent to Participate***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be excused from school to participate in the Spartanburg County Criminal Justice Youth Institute. I understand that my child, ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_, will be exposed to different aspects of the criminal justice system and that the sessions will be held at various locations throughout Spartanburg County, such as the Spartanburg County Jail, Spartanburg City Hall, Spartanburg County Sheriff’s Office, and Spartanburg County Courthouse.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Signature Date Phone

Emergency Contact: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***School Consent to Participate***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, principal/director of guidance at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_’s completed application and give him/her permission to be excused from school to participate in the Spartanburg County Criminal Justice Youth Institute.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
Principal / Director of Guidance Signature Date



***A Partnership of the Clerk of Court and The Spartanburg County Foundation***

**2018 Application**

 ***Please answer the following questions:***

1. Why are you interested in participating in the Spartanburg County Criminal Justice Youth Institute?
2. If you could learn three things from the Institute, what would they be?
3. What is your opinion of the Criminal Justice System (i.e., law enforcement, court system)?
4. Are you interested in pursuing a career within the Criminal Justice System? If so, what area? *Your answer to this question will not affect your selection to participate in the class.*
5. I am currently involved in the following community activities:
6. Please attach two letters of recommendation. **The letters of recommendation must be submitted with the application in order to be considered.**

**Applications Must Typed and Received by 5:00pm Tuesday, October 31, 2017

Please mail application and attachments to:
*The Spartanburg County Foundation*
*Attention: Spartanburg County Criminal Justice Youth Institute***

***424 E. Kennedy Street***

***Spartanburg, SC 29302***

*For questions, please contact Valerie Sullivan, Project Manager, at (864) 680.5630 or vbsullivan12@gmailcom.*