



The Sandy Miller Metrotown Leadership Institute High School Delegate Application



The Sandy Miller Metrotown Leadership Institute will be offered once in the summer of 2024 for HIGH SCHOOL students during the following dates:

Monday, July 15 – Thursday, July 18, 2024

(Must return application by July 11, 2024.)

Location for this session:

Riverside Presbyterian Church
(849 Park St., Jacksonville, FL 32204-3322)

Times for this session:

Monday: 9 a.m. – 5 p.m.

*Registration begins at 8:30 a.m. and the program begins at 9 a.m.

Tuesday: 9 a.m. – 5 p.m.

Wednesday: 9 a.m. – 5 p.m.

Thursday: 9 a.m. – 7 p.m. (Graduation from 6:00 p.m. – 7 p.m.)

WHAT IS THE SANDY MILLER METROTOWN LEADERSHIP INSTITUTE?

The Sandy Miller Metrotown Institute, named for the transformative leader of Metrotown, Sandy Miller, is a youth leadership development program typically held over 3-4 days during the summer. The program promotes interracial, interreligious, and intercultural dialogue for high-school-aged young people. Youth participate in discussions, interactive activities and project-based work to explore societal issues and build resiliency for their day-to-day lives. Through sharing and exchanging ideas from a multicultural perspective, youth walk away from this experience recognizing their similarities and differences, uniting with a new network of friends, and having the courage to advocate for others. Metrotown provides a powerful experience that impacts all who participate. Elements of the program include developing understanding and empathy, practicing healthy communication, and empowerment through connection.

The Sandy Miller Metrotown Leadership Institute is supported with funding from:

DAVID AND MONIQUE
MILLER



Delores Barr Weaver Legacy Fund
established 2012





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HOW DO I BECOME A SANDY MILLER METROTOWN LEADERSHIP INSTITUTE DELEGATE?

Students are usually referred by an adult mentor, teacher, counselor, clergy leader, community leader, or parent who recognizes the gifts you have to offer. The referring adult is considered your sponsor. In some cases, a sponsor may assist financially with the registration fee. You must complete the enclosed application form to apply for Sandy Miller Metrotown Leadership Institute.

Please email your completed application to onejax@onejax.org.

Shortly after receipt of your application, a OneJax staff member will contact you about your next steps toward becoming a delegate in the 2024 Sandy Miller Metrotown Leadership Institute.

HOW MUCH DOES IT COST?

The delegate's financial responsibility for the four days is a \$100.00 Registration Fee. Lunch and snacks will be provided on all four days with dinner provided on Thursday. Insurance, educational and resource materials, and use of site facilities are covered through the generosity of our sponsors. Delegates are encouraged to contribute or find support for as much of the leadership program's cost as possible.

Financial assistance is available based on need. No one will be prevented from attending because they cannot afford the registration fee. If participation depends upon receiving financial assistance, please check the financial assistance box on the application form. This information is necessary for processing and will be kept confidential.

For additional information, please contact OneJax at (904) 799-5370 or onejax@onejax.org.

OneJax is a non-sectarian, nonprofit agency dedicated to increasing understanding and respect among people across all differences. Our human relations programs are carefully designed to support the development of responsible and caring citizens – people who are equipped to meet the challenges and seize the opportunities of our diverse and interdependent world.

APPLICATION FORM

High School Session: July 15-18, 2024

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STUDENT INFORMATION

First Name: _____	Last Name: _____	
Name I prefer to be called: _____	Date of Birth: _____	Age: _____
Gender _____	Email: _____	
Address: _____	City, State, Zip: _____	
Home Telephone: _____	Cell Phone: _____	
High School: _____	Rising Grade: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	
Cultural/Racial Heritage: _____		
Religious/Faith Affiliation: _____		
Do you have any physical or non-visible disabilities of which we should be aware? _____		

I have participated in a OneJax event before: Yes No If yes, which event? _____

How did you hear about Sandy Miller Metrotown Leadership Institute?

Please briefly answer the following questions in two or three sentences. There are no wrong answers.

Why do you want to participate in Sandy Miller Metrotown Leadership Institute?

If you had all the money, time, and resources you needed to make a difference in our world, what would you do?

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PARENT/GUARDIAN INFORMATION & CONSENT

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Cell Phone: _____ Email: _____

*All sections should be completed and returned as soon as possible, but not later than:
July 11, 2024.*

I give permission for _____ to participate in the OneJax Sandy Miller Metrotown Institute. I understand that my student may engage in interactive lessons and conversations around differences such as race, ability, identity, and stereotypes.

I hereby consent to have my student have any program pictures/images/videos taken for program publicity and other supportive purposes.

PAYMENT INFORMATION *Please make checks payable to OneJax and mail along with this form to the address below.*

OneJax Mailing Address: 255 Rivertown Shops Drive, Ste 102, PMB 104, Saint Johns, FL 32259

Please Note: No refunds will be issued after July 11, 2024, for this Sandy Miller Metrotown Leadership session.

- \$100 registration enclosed.
- Sponsor's contribution enclosed. \$ _____
- I would like to be considered for financial assistance. Please send a financial assistance application form.

Name of Delegate

Signature of Delegate

Name of Parent or Guardian

Signature of Parent or Guardian

Sandy Miller Metrotown Medical Information Form

This form is to be completed by parent(s) or legal guardian(s). Please complete and return with the Metrotown application.

PERSONAL DATA <i>Complete in the box below requested information.</i>		
Delegate's Last Name	First Name	Preferred Name
Home Telephone	Emergency Contact Name	Telephone
Family Physician Name		Physician Phone
Age	Grade	

PAST MEDICAL HISTORY

<input type="checkbox"/> Deaf/Hearing Difficulty	<input type="checkbox"/> Asthma	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other Please describe:	
Allergies? (list) 1. 2. 3.		
Recent exposure to contagious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If so, please describe. What and when?</i>		
Does Delegate take any prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If so, please describe. What and when? Will this medication need to be taken during Metrotown hours?</i>		

Dietary Restrictions

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other	
<i>"Please let us know if you have any dietary requirements."</i>		

I have provided my Emergency Contact number above to notify me should any emergency arise. In the event of an accident or medical emergency, I give my permission (*if I cannot be reached*) to the attending licensed physician to order or administer medication, anesthesia, or surgical procedure as deemed necessary for the health and safety of my child (*or individual for whom I am legal guardian*).

The medical/historical information provided above is complete and accurate to the best of my knowledge.

Parent/Guardian Name (print)	Parent/Guardian Signature	Date