

#### July 23-29, 2017

### Application

Pennsylvania Family Institute has organized a group of Christian men and women involved in the fields of Christian ministry, education, business, law, public policy, media and public service for the purpose of sponsoring an educational opportunity, which we call the City on the Hill Youth Leadership and Worldview Conference. The students are selected on a merit basis throughout the State of Pennsylvania to participate in a fun and informative week of fellowship, study and training at Lancaster Bible College.

Highlights of the program include workshops on our Christian heritage, the government of Pennsylvania, community impact, and the influence of the news media. Fun recreation and entertainment opportunities will also be provided in the evenings to give everyone a great opportunity to get to know one another. Participants will tour the Capitol building, conduct a mock legislative session, and meet with members of the Pennsylvania Legislature. The conference will conclude with a special banquet and awards ceremony.

Students and staff will reside in dormitories located on the campus of Lancaster Bible College. Transportation during the conference, meals and program materials are included in the cost of the conference.

#### Requirements

#### **Applicant must:**

- Be a Christian youth 15 18 years of age (unless otherwise approved by the conference administrator), enrolled in high school (or recently graduated), or currently being home schooled at the high school level;
- $\checkmark$  Desire to learn how to apply their faith to become a leader among their peers;
- Submit a completed application package postmarked by June 30, 2017.

This package contains the following forms and questions, which must be completed in full:

APPLICATION (WITH ESSAY QUESTIONS) AND STUDENT COVENANT 2017 CITY ON THE HILL CONFERENCE PAYMENT TEAR OFF MEDICAL INFORMATION & HISTORY PARENTAL AUTHORIZATION FORM MEDIA AUTHORIZATION & TRAVEL ARRANGEMENTS FORM LETTER OF RECOMMENDATION

Completed applications must be postmarked by May 31, 2017, in order to assure a space at the conference. Registration is accepted until June 30, 2017, and is on a first come, first served basis.



SEND ALL APPLICATIONS TO:

Pennsylvania Family Institute 23 North Front St., Harrisburg, PA 17101

Student's Name\_\_\_\_

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## City on the Hill Youth Leadership Conference Application July 23-29, 2017

|         | Last                             | Fi              | rst               | Middle        |             |                    |
|---------|----------------------------------|-----------------|-------------------|---------------|-------------|--------------------|
| Home    | Address:                         |                 |                   |               |             | Date of Birth      |
| City, S | tate, Zip:                       |                 |                   |               |             |                    |
| E-mail  | Address:                         |                 |                   |               |             | Age:               |
| Phone   | (Required for con                | act purpose)    | _ Preferred N     | ame on ID Bad | ge          | T-Shirt Size:      |
| Mailin  | g Address: _                     | (If different f | rom Home Address) |               |             | -                  |
|         |                                  |                 |                   |               |             | Circle One:        |
| Addres  | 55:                              |                 |                   |               |             | - Male<br>- Female |
| City, S | tate, Zip:                       |                 |                   |               |             |                    |
| Home    | Phone:                           |                 | Cell Phon         | e:            | Work Phone: |                    |
| Email   | Address:                         |                 |                   |               |             |                    |
|         | <b>RCH INFOR</b><br>Priest or Yo |                 | s Name:           |               |             |                    |
| Church  | n Name:                          |                 |                   |               |             |                    |
| Church  | n Address:                       |                 |                   |               |             |                    |
| Phone:  | :                                |                 |                   |               |             |                    |
|         | OL INFOR<br>of High Scho         |                 |                   |               |             |                    |
| Addres  | ss:                              |                 |                   |               |             |                    |
| DI      | :                                |                 |                   |               |             |                    |

# Get to Know You Questions

Alumni of City on the Hill? YES NO (circle one)

\*COTH alumni may skip this part of the application and move to the Student Covenant.\*

#### Activities

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List church, community and school involvement below. This may include any office you currently hold or have held, club membership, after-school activities, or work experience. Give the length of involvement and the grade you were in at the time you were engaged in the activity. Please do not feel as though you must have an entry for every area.

Church Activities

Grade and Length of Involvement

| Work/Intern Experience | Grade and Length of Involvement |  |
|------------------------|---------------------------------|--|
|                        |                                 |  |
| School Activities      |                                 |  |
| School Activities      |                                 |  |
|                        |                                 |  |

The following questions will help our decision making process for this year's conference. Please answer the next 3 questions, **printed or typed**, on a separate sheet of paper and attach to the application. Answer *each question* in 50-100 words.

- 1. What are your reasons for attending this conference?
- 2. What is something you have accomplished about which you feel good?
- 3. What are your career goals and why you have set these goals?



# Student Covenant

City on the Hill (COTH) Youth Leadership and Worldview Conference is primarily a **leadership** training/study camp for **committed Christian** teens (15 to 18 years of age). We want to make your experience here enjoyable, rewarding and challenging. The staff is committed to helping you grow as a leader and is looking forward to working with you. The development of leadership skills includes taking responsibility for your own life and conduct. Please read the following carefully:

A. The Bible says that Christians should "think on things that are excellent" and "avoid all appearance of evil."

I will maintain the highest moral standards and maintain a clear personal witness through proper conduct and modest dress.

I will not drink or possess alcoholic beverages while at COTH; I will not possess or use any type of illegal drugs, engage in offensive language, smoking, etc.

B. Leadership involves self-discipline, which means accepting personal responsibility to do those things that are expected of you "as unto the Lord." Christian leadership involves servant-hood. Jesus said, "Whoever wishes to become great among you shall be your servant."

I will attend and be prompt and attentive in all classes and activities. I will keep my belongings, room, my public areas, and myself neat and clean. I will be in my dorm by 11:00pm and in my room and quiet by 11:30pm. I will not leave my dorm room before 6:00am. I will not leave the campus without permission.

I will display a servant attitude toward my fellow delegates and staff.

*C. COTH is an environment conducive to learning and personal growth, and one in which you can make friends and not be distracted by outside influences.* 

I will not bring to COTH anything that would detract from this goal; this includes radios, mp3 players, music, computers, handheld video games, cell phones, TV's, DVD players and inappropriate literature.

- D. COTH is held at Lancaster Bible College and the Pennsylvania State Capitol. We believe it is important to present a clear testimony for Jesus Christ among our neighbors and in the community. I will respect the property, privacy, and rights of others, including those of others not associated with COTH. I will not enter the dorm room of a member of the opposite sex. I will not "pair off" with a member(s) of the opposite sex or go off on my own or with another student, without permission from COTH staff at anytime. I will not arrange any meetings with any non-City on the Hill participants. At all times I will be with three or more people at a time.
- E. The Bible commands us to submit to authority.
  I agree to willingly abide by the rules of City on the Hill, modeling respect for those in authority, regarding my fellow delegates with dignity, and looking for opportunities to serve.

I have read and I agree to all of the above. I understand that I will be asked to leave at my own expense if I do not abide by the City on the Hill regulations.



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# **Application Check List**

Please include the following items with your application:

- A Recent Photograph of You (A color photo is preferred)
- COTH Youth Leadership Conference Application Form
- Get to Know You Form and separate answer sheet
- Signed Student Covenant
- □ 2017 City on the Hill Conference Payment Tear Off
- ☐ Medical Information & History
- Parental Authorization Form
- Media Authorization
- Travel Arrangements Form
- Letter of Recommendation from your Pastor, Youth Pastor or Priest (except for COTH alumni) (There is no form included in the application.)

We recommend that you keep a copy of all forms for your records especially the following:

- Signed Student Covenant
- Travel Arrangements Form

NOTE: YOUR NAME SHOULD BE ON EACH SHEET OF PAPER YOU RETURN TO US!

Last



# **Conference Fee Schedule**

All fees may be paid by check or charge (fill out tear off form below). We accept Visa, MasterCard, Discover and American Express. Please make checks payable to the Pennsylvania Family Institute.

| Last  | Early<br>Application Fee:  | <b>\$110</b> due at time of application for all applications <b>postmarked by May 31</b> . This fee is required of every student who applies for the conference; cancellations will not be refunded. (Students not accepted to the conference will have their fees returned.) |  |  |  |  |  |
|-------|--|---|--|--|--|--|--|
|       | Scholarships:  | <i>Partial</i> scholarships may be available to first-time students who apply by May 31 <sup>st</sup> Call our office at 717-545-0600 for more details before applying.   |  |  |  |  |  |
|       | Regular<br>Application Fee:  | <b>\$175</b> due at time of application for all applications <b>postmarked June 1 through June 30</b> .   |  |  |  |  |  |
| First | Payment Balance:   | ALL applications must be postmarked no later than June 30, 2017 in order to be considered for COTH 2017.<br>\$385 balance must be postmarked by July 16, 2017.  |  |  |  |  |  |
|       | We   | encourage students to include full fees at time of application.   |  |  |  |  |  |
|       | City On The Hill Conference Tuition Totals   |   |  |  |  |  |  |
|       | Total Conference Tuition thru May 31:<br>\$495.00 (Early Application Fee and Payment Balance)<br>Space availability after May 31 is on a first come, first served basis. |   |  |  |  |  |  |
|       |  | ition with Regular Application (June 1 thru June 30):   |  |  |  |  |  |

**\$560.00** (Regular Application Fee and Payment Balance)

# 2017 City on the Hill Conference Payment

|     | Please Print Clearly in Ink   |
|-----|---|
| Stu | Ident Name: Parent Name:  |
|     | Daytime Phone: ()   |
|     | My check is enclosed for \$<br>Please make checks payable to the <i>Pennsylvania Family Institute</i> . |
|     | Please charge \$ to my credit card.   |
|     | Card No   |
|     | Exp. Date (Required) 3 digit code   |
|     | Cardholder's Signature  |
|     | Request scholarship information - First-time students only - must apply by May 31, 2017.                |

Student's Name

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# **Fundraising Strategies**

Dear City on the Hill Student,

The following information has been put together to help you think of ways to raise money for this conference. Most of it is common sense, but when you see all the ideas together they should help to save some time in the brainstorming stage.

Raising your tuition should be no trouble if you are willing to put enough time into the process. This requires more than relying on parents to remind you to look for sponsors or work. Take responsibility now and determine that you are able to, and will gather the money you need to attend.

#### PRACTICAL GUIDELINES:

 Look at the calendar and figure out how much money you will have to raise each week before you make the final payment which is due July 16, 2017. Setting deadlines motivates you and at the same time offers a realistic and workable time frame in which you can accomplish your goal.
 Jobs that bring in low amounts of money should be considered. If you save, these small sums add up very quickly.

## WORK:

1.) Contact a staff member at your church office and let them know you have services that can be offered to people in your church who will pay you. Explain why you need the money, and ask if an advertisement could be put in the bulletin, newsletter, the bulletin board, or through the standard methods of giving out information at your church.

2.) Ask if there are any jobs that need to be done at the church facility. For example, some churches pay baby sitters, window washers, lawn cutters, or might need extra secretarial work done in the office.

### SPONSORS:

1.) Your youth group or any other group in your church might want to sponsor a fund-raising event to benefit you. An auction where goods and services are offered, a dinner, bake sale, concert, or a car wash are all good fund-raising events.

2.) The sponsor letter we have provided you will help explain what you will be doing at City on the Hill and why you need the money to attend. Please copy and make good use of the letter provided on the next page of the application packet.

Finally, do not let rejections discourage you. Every person at some point in his or her life has not received what he or she had hoped for. The key to overcoming discouragement is not allowing it to cause you to give up. The more times you ask for work or a sponsor, the greater your chances become for raising the money you need. Just stick with the process and you will see results!

For questions regarding additional information, call (717) 545-0600.



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# Student's Name First





Dear Friend,

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The City on the Hill Youth Leadership and Worldview Conference is a fantastic opportunity for students to learn about governmental processes, to develop their leadership skills, and to increase their awareness of civic responsibilities. Throughout the six-day conference, students discuss current issues and career opportunities with lobbyists, journalists, lawyers, legislators and their staff. The students also participate in a mock legislative session where they debate actual bills in committee rooms and on the floor of the Pennsylvania Legislature. In addition to building leadership skills based on fundamental Christian principles, students have an opportunity to meet other teens that share similar values and convictions.

If skillful leadership and moral integrity are to continue in the public life of Pennsylvania, these values must be promoted and instilled in the next generation of leadership. The City on the Hill Youth Leadership and Worldview Conference is a great way for you to invest in our youth and our future. You can help by making a tax-deductible contribution to the scholarship fund. Tuition for this year's conference is \$495 per student, which includes housing, meals, materials, and transportation during the conference, and all other activities throughout the week. While students are encouraged to raise as much tuition money as they can, they need your support too. Please know that your contribution will be used exclusively for the City on the Hill conference.

Thank you for investing in the Christian leaders of tomorrow.

| City on the Hill is a conference of the Pennsylvania Family Institute.<br>Pennsylvania Family Institute, 23 North Front St., Harrisburg, PA 17101 (717) 545-0600 |
|--|
| CUT HERE   |
| Name   |
| Address  |
| Organization   |
| Check: \$ (payable to PA Family Institute) <b>OR</b> Credit Card: \$   |
| Card No Exp Date (required)  |
| 3 digit code (required) Cardholder Signature (As appears on the card)  |
| Please use \$ of my contribution for tuition.  |
| (Student's Full Name)  |
| Please use \$ of my contribution for another student in need of assistance.  |
| PLEASE RETURN FORM & PAYMENT TO:<br>Pennsylvania Family Institute<br>23 North Front Street<br>Harrisburg, PA 17101   |

Student's Name



| Medical | Information | & History |
|---------|-------------|-----------|
|---------|-------------|-----------|

Please <u>Print Clearly</u> in Ink

| UILY.   |  |                                 | State: Zip:                                    |          |
|---|--|---------------------------------|--|----------|
|   |  |                                 |  |          |
|   |  |                                 |  |          |
| Name of (Health) Insura   | nce Company or Medical   | Plan:                           |  |          |
| Address of Company:   |  |                                 |  |          |
| Policy Holder:  |  |                                 |  |          |
| Policy Number:  |  |                                 | _ Member Number:                               |          |
| Do you have a family do   | ctor? (circle one) YE  | S NO                            |  |          |
| Name of Doctor:   |  |                                 | Phone:   |          |
| Address:  |  |                                 |  |          |
| Have you had on unfor   | vorable reaction to any  |                                 |  | aat raan |
| Have you had an unfav   | vorable reaction to any Penicillin   | Yes                             | lowing medications? (Please circle corre<br>No | ect resp |
| Have you had an unfav   | Penicillin<br>Novocain   | Yes<br>Yes                      | No<br>No                                       | ect resp |
| Have you had an unfav   | Penicillin   | Yes<br>Yes                      | No   | ect resp |
| Have you had an unfav   | Penicillin<br>Novocain<br>Antibiotics<br>Procaine<br>Sulfa   | Yes<br>Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No                           | ect resp |
|   | Penicillin<br>Novocain<br>Antibiotics<br>Procaine<br>Sulfa<br>Other  | Yes<br>Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No                           | ect resp |
| Date of Last Tetanus  | Penicillin<br>Novocain<br>Antibiotics<br>Procaine<br>Sulfa<br>Other  | Yes<br>Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No                           |          |
| Date of Last Tetanus<br>List any Diseases you                           | Penicillin<br>Novocain<br>Antibiotics<br>Procaine<br>Sulfa<br>Other<br>s shot:<br>u have or had:                         | Yes<br>Yes<br>Yes<br>Yes        | No<br>No<br>No<br>No                           |          |
| Date of Last Tetanus<br>List any Diseases you                           | Penicillin<br>Novocain<br>Antibiotics<br>Procaine<br>Sulfa<br>Other<br>s shot:<br>u have or had:                         | Yes<br>Yes<br>Yes<br>Yes        | No<br>No<br>No<br>No                           |          |
| Date of Last Tetanus<br>List any Diseases you<br>List all medication yo | Penicillin<br>Novocain<br>Antibiotics<br>Procaine<br>Sulfa<br>Other<br>shot:<br>u have or had:<br>ou are taking, prescri | Yes<br>Yes<br>Yes<br>Yes        | No<br>No<br>No<br>No                           |          |

Student's Name

| Parental   | Authorization Fo                     |                       |  |  |  |  |
|--|--------------------------------------|-----------------------|--|--|--|--|
| I hereby give my permission for my child   | d to:                                |                       |  |  |  |  |
| <ul><li>A) Receive medical care and treatment o</li><li>B) Participate in all activities of the 2017</li></ul>                                       |                                      |                       |  |  |  |  |
| Signature of Parent/Guardian:  |                                      |                       |  |  |  |  |
| Telephone Number:  | Date:                                |                       |  |  |  |  |
| Important: All students must have this administrator prior to the conference.  | s form filled out and on file        | e with the conference |  |  |  |  |
| NOTIFY IN CASE OF EMERGENCY  | Y ( <u>Please Print Clearly in I</u> | <u>nk</u> )           |  |  |  |  |
| FIRST CONTACT:<br>Parent(s) or Legal Guardian Name:  |                                      |                       |  |  |  |  |
| Parent(s) or Legal Guardian Name:  |                                      |                       |  |  |  |  |
|  |                                      |                       |  |  |  |  |
| Parent(s) or Legal Guardian Name:  |                                      |                       |  |  |  |  |
| Parent(s) or Legal Guardian Name:<br>Number & Street:  | State:                               | Zip:                  |  |  |  |  |
| Parent(s) or Legal Guardian Name:<br>Number & Street:<br>City:   | State:<br>Home Phone:                | Zip:                  |  |  |  |  |
| Parent(s) or Legal Guardian Name:<br>Number & Street:<br>City:<br>Cell Phone:  | State:<br>Home Phone:                | Zip:                  |  |  |  |  |
| Parent(s) or Legal Guardian Name:<br>Number & Street:<br>City:<br>Cell Phone:<br>Work Phone:<br>SECOND CONTACT:                                      | State:<br>Home Phone:                | Zip:                  |  |  |  |  |
| Parent(s) or Legal Guardian Name:<br>Number & Street:<br>City:<br>Cell Phone:<br>Work Phone:<br>SECOND CONTACT:<br>Parent(s) or Legal Guardian Name: | State:<br>Home Phone:                | Zip:                  |  |  |  |  |



# **Media Authorization**

By affixing my signature below, I certify that I am the parent of (or legal guardian of, or I am 18

years old) \_\_\_\_\_

(Name of Student)

and I do hereby grant my permission to the Pennsylvania Family Institute to publish, reprint, and/or use indefinitely photographs, video and audio of the above-mentioned student taken during the

July 23-29, 2017 City on the Hill Youth Conference and the events in conjunction, in any way they deem appropriate.

Signature of Student

Date

Date

Signature of Parent

Student's Name First



|         |                                     |        |   |   | Travel Arrang            | ements Form           |   |  |
|---------|-------------------------------------|--------|---|---|--------------------------|-----------------------|---|--|
|         | Last                                | Hill 2 | 017 Yout<br>I have r<br>I have a<br><b>be arriv</b> i   | th Leadership<br>not yet made t<br>already made | Conference.              | will contact you to c | ele arrival to the City on the confirm my arrangements. |  |
|         |                                     |        |   | Driving myse                                    | by my parents or friends |                       |   |  |
| s Name  | First                               |        | Vehicle Make Model<br>Please note: Upon arrival all vehicles will be pa<br>the conference.<br>PLANE - Arrival Airline<br>Arrival Time |   | parked and remain th     |                       |   |  |
|         | Departure Airline<br>Departure Time |        |   |   | e                        | Flight                | Flight Number   |  |
| ident's |                                     |        | AMTR  |   | Train Number             |                       | al Time<br>ure Time                                     |  |
| Stude   |                                     |        | BUS -   | Arrival Bu                                      | ns Line                  | Bus N                 | umber   |  |
|         |                                     |        |   |   | us Line                  |                       | umber   |  |

We will have a COTH staff person meet you and pick you up from the Harrisburg airport, Lancaster train station or bus station or anywhere in Harrisburg or Lancaster, We will also do the same to ensure that you make your departure home. If you have any questions, please contact Emily Kreps (717) 545-0600 x101 or ekreps@pafamily.org.



It is your responsibility to keep us informed of any changes. Thank you.