**General Information**

**Overview – The First Tee Outstanding Participant Leadership Summit**, supported by Corporate Founding Partner-Shell Oil, recognizes exemplary achievement by a young person currently involved in The First Tee program in the areas of academic achievement, community service, chapter involvement, leadership, essay responses and letters of recommendation. The Outstanding Participant Leadership Summit is an interactive and educational event in which teen participants will have the opportunity to develop and hone skills to become leaders at their chapters, schools and communities.

**Event Details –** The First Tee home office will fly 28 semifinalists to the Outstanding Participant Leadership Summit at The First Tee 2015 Network Meeting March 11-15, 2015 in Dallas, Texas. From this pool, a committee will identify the eight finalists for the Outstanding Participant Award. Out of the eight finalists, two winners will be determined. All air and ground transportation (up to $400 for domestic and $1,200 for international), lodging and meals will be provided during the duration of the program. The First Tee home office will not reimburse any airline baggage fees. Participants will be housed at the Hyatt Regency Downtown Dallas. All semifinalists will be chaperoned by The First Tee staff. Students selected to participate will receive a complete event packet with travel instructions, code of conduct, release forms, dress code and event itinerary.

**Service Project -** All applicants will be asked to work with their chapter to identify a service project that will benefit their chapter and community from the following categories:

* Increasing teen involvement at The First Tee
* Increasing and appreciating diversity
* Increasing high school graduation rates
* Growing female participation at The First Tee
* Increasing physical fitness and nutrition
* Stopping the bullying epidemic
* Increasing self-confidence

Each semifinalist will have the opportunity to build out their service project over the course of the summit. Participants have until December 31, 2015 to complete the service project and will be given a $250 stipend to support their efforts.

**Eligibility –** For participants of The First Tee to be nominated for the Outstanding Participant Leadership Summit, they must meet all of the following requirements:

* Classified as a high school freshman, sophomore or junior (grades 9-11) as of the fall semester 2014 (incoming seniors are not eligible to apply)
* Age 14-18; nominees must reach their 14th birthday on or before March 11, 2015
* Entered in The First Tee participant database as of December 31, 2010, and must have been continually registered in the participant database for each successive year thereafter
* Entered in The First Tee participant database at a minimum of Eagle by October 24, 2014
* Active in The First Tee participant database upon submittal of application
* Chapters must have signed their contract at least two years before application deadline in order to be eligible to submit applicants.
* Prior Outstanding Participant Leadership Summit attendees are NOT eligible to apply

**Do NOT mail this page with the student application**

**Application Process –** Applications MUST be sent to The First Tee home office directly from the chapter **postmarked on or before October 24, 2014** and must include:

* Part I: Chapter Submission Form
* Part II: Student & Family Information
* Part III: Letter of Recommendation
* Part IV: Student Application (Essay and School & Community Activities Chart)
* Part V: Chapter Survey
* Part VI: Completed and signed forms A & B

\*The First Tee home office will not follow up with missing or incomplete information.

**Selection –** Each chapter may nominate **two** participants who meets the criteria set forth above.The First Tee home office will collect all applications.After all eligible applications are reviewed by the judging panel, 28 semifinalists will be determined. The eight finalists will be identified from this pool. A separate judging panel, comprised of chapter executive directors, program directors, board members, national trustees, sponsors, alumnus and home office staff members, will be assembled to review the applications from the eight finalists and select two winners. **The names of the 28 semifinalists including the eight finalists will be announced on December 17, 2014.** The names of the two winners will be announced during the gala dinner at the Network Meeting.

The two award winners of The First Tee Outstanding Participant Leadership Award will each receive a $20,000 scholarship to be used at college or university of the winner’s choice (scholarships will be disbursed in increments of $5,000/year for four years directly to the college or university). The remaining six finalists will receive a one-time $2,500 scholarship.

**Questions –** For questions regarding the Outstanding Participant Leadership Summit please contact Rachel Maruno at The First Tee home office: [rmaruno@thefirsttee.org](mailto:rmaruno@thefirsttee.org) or (904) 940-4345.

**Do NOT mail this page with the student application**

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| **Part I: Chapter Submission Form**  *The following form is to be completed by a chapter staff member. It must be returned to The First Tee home office by the chapter with the participant applications, postmarked by 10/24/2014.* | |
| **Mail them to: The First Tee**  **DO NOT STAPLE APPLICATIONS!**  **Attn: Rachel Maruno**  **425 South Legacy Trail**  **St. Augustine, FL 32092** | |
| **Chapter contact Information** | |
| *This person will receive all event details if participants are selected* | |
| Name: | Position at Chapter: |
| Phone number: | E-mail: |
| Be sure each application contains the following items:   * This Form complete with signature from the chapter   + \*\*The First Tee will not follow up on missing information, instead standard point deductions will be taken. * Part II: Complete and signed General and Participant Family Information (Forms A & B) * Part III: Letter of Recommendation * Part IV: Application (includes all five Essays and Activities Chart) * Part V: Chapter Participation Survey completed by chapter coach or executive director * Part VI: Release of Liability and Acknowledgement of Risk Form | |
| Also, please ensure that each participant is:   * Entered into The First Tee participant database at the appropriate achievement level and marked Active   \*\*Remember there are two eligibility requirements relating to the database to be eligible:   * + Entered in the database by 12/31/2010   + Minimum of Eagle by 10/24/2014 | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name) (title)  of The First Tee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nominate the following participants for the Outstanding Participant Leadership Summit. I am confident that each of these juniors meet the established eligibility requirements. I have reviewed each of these applications and ensure that all of the applications have the elements listed above complete.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_  Signature (Month/Day/Year) | |
| Names of participant applications included in this packet:  (Please list in rank order with 1 as your best applicant. The committee MAY consider this ranking)   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Please use this form for the following opportunities:**  **International Junior Golf Academy Training Program; Speedgolf National Championship; RBS Achievers of the Year; PLAYer Advanced Academy; Life Skills & Leadership Academy; Coca-Cola America’s Future; Nature Valley First Tee Open at Pebble Beach; Auntie Anne’s Leaders & Entrepreneurs Forum, Outstanding Participant Leadership Summit**  ***participants: save PART II FORMS A & b TO YOUR COMPUTER SO you are able to update/reprint for every 2014 application*** | | |
| **participant Information** | | |
| Name: | | |
| Chapter: *The First Tee of* | | |
| Parent’s Names: | | |
| Current home address: | | |
| City: | State: | ZIP Code: |
| Participant’s cell phone number: | Parent’s cell phone number: | Home phone number: |
| Other phone number: | | |
| Participant’s email: | | |
| Parent’s email: | | |
| Date of birth: MM/DD/YYYY | | Age **as of date of event**: |
| School grade level **as of October 2014**:  Freshman  Sophomore  Junior | | Grade Point Average (based on a 4.0 scale): |
| Gender: Male Female | | |
| Ethnic Background:  African American  Native American  Asian American  Caucasian  Hispanic  Other | | Adult Shirt Size:  Small  Medium  Large  XL  XXL  XXXL |
| Years playing golf: | | USGA Handicap: |

**Part II: Form A**

**Part II: Form B**

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| **participant family information** | | |
| Name (first and last) as you would like it to appear on your event identification: | | |
| Name of Parent(s)/Guardian(s): | | |
| Parent(s)/Guardian(s) Permanent, Legal address: | | |
| City: | State: | ZIP Code: |
| Parent/Guardian(s) place of work: | | Phone: |
| Parent/Guardian(s) occupation: | | Phone: |
| Parent/Guardian(s) place of work: | | Phone: |
| Parent/Guardian(s) occupation: | | Phone: |
| Emergency Contact Name: | Relationship: | Contact phone:  Other phone: |
| **Participant medical Information** | | |
| Is participant covered by insurance? Yes No If yes, please specify the type below: | | |
| Military Medicaid  Insurance Company Name: | | Policy number: |
| Type of coverage (check all that apply):  Health Accident Major Medical | |  |
| Does participant have any physical condition or handicap that requires special medical treatment, diet or other consideration? Yes No  If yes, please explain: | | |
| Does participant have any allergies (food, drugs, stings, pollens, etc.) | | |
| List the present medications this child takes: | | |
| List any previous illnesses/surgery: | | |
| I authorize The First Tee and its affiliates to provide medical treatment and other necessary medical services for my child during the entire period that he/she is a participant in the Outstanding Participant Leadership Summit. I affirm that all of the above information is correct to the best of my knowledge. | | |
| Parent(s)/Guardian(s) Signature : | | Date: |
| Participant Signature: | | Date: |

**PART III: Letter of Recommendation**

Provide a letter of recommendation from:

* A person familiar with the nominee’s community service activities

**PART IV: Essays/School & Community Activities Chart**

**Essays –** Answer ALL of the following five questions:

* Please attach typed answers on a separate page. Make sure your name is on the top of each page and that you identify which question you are answering.
* Your response must be 250 words or less per question

1. Ten years after you have graduated from The First Tee, what is the one ***life skill*** (NOT Core Value) you think you will still be using and how?
2. If you were chosen as the winner of the Outstanding Participant of the Year Award, what advice would you give younger participants at your chapter who aspire to become an Outstanding Participant in the future?
3. Why is leadership development and giving back through volunteerism important to you?
4. If you were interviewed by your local media about The First Tee and the impact that it’s had on your life, what would you say?
5. After consulting with your chapter, what category does your service project fall under? Briefly describe the service project you would like to develop if you are selected to attend the Summit, and how it would positively impact your chapter and community?
   * Increasing teen involvement at The First Tee
   * Increasing and appreciating diversity
   * Increasing high school graduation rates
   * Growing female participation at The First Tee
   * Increasing physical fitness and nutrition
   * Stopping the bullying epidemic
   * Increasing self-confidence

**Do NOT mail this page with the student application**

**PART IV Continued: School & Community Activities Chart**

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|  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | **Dates From-To** | **Time Spent** | | | Responsibility / Accomplishments |
| **Hours per**  **Week / Month** | | **Total Hours** |
|  | **A. Extracurricular/School Activities** |  |  | |  |  |
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|  | B. Community/Volunteer Service |  |  | |  |  |
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|  | **C. Awards & Recognition** |  |  | |  |  |
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|  | **D. Work for Pay** |  |  | |  |  |
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**Part V: Chapter Survey**

**PLEASE TYPE -** The following form is to be completed for each applicant by a chapter staff member. This staff member should be the go-to person for the participant and their service project, and should be attending the 2015 Network Meeting. This person will be responsible for holding the participant accountable for completion of their service project. This form must be returned to The First Tee home office by the chapter with the participant’s application, postmarked by October 24, 2014.

Please note, this form is a vital part of the criteria evaluated to participate in the Outstanding Participant Leadership Summit. Please complete it thoughtfully as full information is necessary. Please type directly onto this form, or attach a separate typed page with numbered answers.

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| Participant Name: |
| The First Tee of: |
| 1. **How often does this participant visit your chapter?** |
| 1. **How many total hours has this participant spent in programming at your chapter?** |
| 1. **How many years has this participant been involved with your chapter?** |
| 1. **In what capacity is this participant currently involved at your chapter?** |
| **Please attach a letter of recommendation commenting on this participant’s level of commitment to The First Tee. In the letter, please provide examples of how the participant uses lessons learned at the chapter.** |
| Name of chapter representative: |
| Signature *(By signing this form you acknowledge that you are accountable for your participant’s completion of their service project):* |

|  |  |
| --- | --- |
| Position at Chapter: | E-mail address: |
| Date: | Phone number: |

**PART VI: Form A**

**The First Tee Model Release**

(for use with minors)

For mutual consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby assign and grant to The First Tee, a division of World Golf Foundation, Inc., (“The First Tee”) the right and permission to copyright and/or publish and republish, and to sublicense to its sponsors and licensees, photographic pictures of the below named minor (“the Model”) in which the Model may be included in whole or in part, in color or black and white made through any media by, or on behalf of, The First Tee, including the use of any printed matter in conjunction with such photographs for advertising, trade or any other lawful purpose. I warrant that I am the parent or legal guardian of the minor named below and have the authority to execute this release on their behalf.

I hereby waive any right to inspect and/or approve the finished photograph or advertising copy or printed/digital matter that may be used in conjunction with or contain such photographs, or to the eventual use that it may be applied.

I hereby release and discharge to The First Tee from and against all any liability as a result of any distortion, blurring, alteration or optical or computer illusion that may occur in the taking of the picture or processing or reproduction of the finished product.

I have read this release, understand and approve its contents and waive any rights in the premises.

The Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Print Name and Address)

Model’s Parent or

Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Print Name and Address)

**PART VI: Form B**

**RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF RISK**

In consideration of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attending The First Tee Network Meeting in Dallas, Texas in March, 2015 and being permitted to participate in activities associated with the Network Meeting. I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in the Network Meeting, do hereby agree to assume all risks and responsibilities surrounding and pertaining to my child’s participation in the Network Meeting and associated activities.

Further, I do for myself, my child, and my personal representative(s), heirs and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge The First Tee (a division of World Golf Foundation, Inc.), Hyatt Regency Downtown; their officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to a personal property, personal injury or death which may result from my child’s participation in said Network Meeting and associated activities, whether or not such injury or damage or death was caused by their acts of negligence.

In witness whereof, I have caused this assumption of risk and release to be executed this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014

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Date Parent/Guardian

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Date Parent/Guardian

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Date Chapter Representative

***Parents/Guardians Please Note: Children will not be accompanied by an adult chapter escort, but they will be met at the destination airport by authorized representatives of The First Tee.***

***Please indicate if you will allow your child to travel unaccompanied.***

**YES**   **NO**