

Vision Center

Out-of-school Program

VISION velocity

Reach for the stars—we'll help you get there!

A 5-day a week out-of-school
experience for Syracuse 6th
graders to develop the vision
IN YOU, BY YOU, and
FOR YOU—NOW!

Vision Velocity Students will:

- *Receive exciting college preparatory academic enrichment and tutorial assistance*
- *Be trained in how to develop a personal vision for their future*
- *Create their own constitution for success*
- *Exercise their mind, body and soul in RUN4LIFE*
- *Build positive relationships with mentors and friends*

*The Vision Center
1221 S. Salina Street
Syracuse, NY 13202
Across from the old Sears Building
(between Castle and Raynor Sts.)*

Contact person: LaToya Sawyer

Phone: 315-435-6934

Fax: 315-435-6937

E-mail: lsawyer@mercy-works.org

www.mercy-works.org

Please complete the application on the reverse side and the SES registration form. We will be using Murray Learning Services as our service provider for tutoring. Return forms by Thursday, January 14th



MERCY WORKS
INC.



**MERCY WORKS
VISION VELOCITY PROGRAM**

Mercy Works, Inc., P.O. Box 25, Syracuse, NY 13205
E-mail: lsawyer@mercy-works.org

Phone: 315-435-6934
Fax: 315-435-6937

Part I.— Personal Information (Please Print)

To be completed by parent/ guardian

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Youth Social Sec. #: _____ - _____ - _____

Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

Ethnicity: African American: ___ Hispanic: ___ Asian: ___ White: ___ Other: ___

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Check when you are available for a 20 minute student/ parent interview the week of 1/11/10:

Days: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. (9 a.m.— 11 a.m. only)

Times: ___ 2-4 p.m. ___ 4-6 p.m. ___ 6-8 p.m.

Part II—Personal Statement

To be completed by the student

On a separate sheet of paper please print or type a paragraph answering the following questions:

1. What does it mean to have a vision for your life?
2. Why is it important to have a vision and set goals?
3. What goals would you try to accomplish if it was **impossible for you to fail**?
4. What would be your first step to achieving that goal?

Please type or print neatly and include your first and last name on top of your paper.