



# L. H. Bostick Youth Foundation

National Program 2024

Explore Your Creative Mind



“Your mind is your most valuable asset:  
allow it to be as FREE as the WIND!!!”



*Train up a child in the way he should go: and when he is old,  
he will not depart from it. Proverbs 22:6 KJV*

**Project Title:** “Raising the Bar and Bridging the Gap” Youth Leadership & Development Program

**Organization:** L. H. Bostick Youth Foundation

**Contact Person:** Ill. George Fitts, 33°

### **EXECUTIVE SUMMARY**

“Raising the Bar and Bridging the Gap” Youth Leadership and Development Program empowers young people through skills acquiring programs to realize their full potential. The L. H. Bostick Youth Foundation is a 501(c) 3 non-profit organization.

The L. H. Bostick Youth Foundation is an annual knowledge based, activity oriented, leadership, entrepreneurship, good governance and democracy youth training program. The L. H. Bostick Youth Foundation intends to bring the youth together to deepen their leadership, entrepreneurship and democratic knowledge; to foster active youth participation in good governance processes and democracy building within the community.

Each group participating on the state level shall have the same ending goal; to progress on to the national level. The youth will accomplish this by participating in state level activities and workshops.

The immediate vision for the program is to be an organization that assists and empowers youths to overcome adversity in their lives and to set up successful social projects in their own communities. The youth will gain leadership, entrepreneurship, project management, public speaking, and communication skills.

Our long-term vision is to create a youth foundation with national affiliations. This foundation will provide an experience of political reverence to educate young community based leaders; that will one day become outstanding citizens and advocate for the youth of the future.

### **GOAL:**

Our goal is to provide youths from the early childhood ages of 5-18 with resources and avenues that will provide a broad spectrum of self-development and awareness; also to provide talented and gifted youths with a platform for growth and development. This interactive program will provide participants access to information on academic opportunities, internships and career planning.

### **L. H. BOSTICK YOUTH FOUNDATION VISION:**

“Raising the Bar and Bridging the Gap” Youth Leadership and Development Program will successfully allow the youth to express and explore their creative innermost expressive thoughts and ideas. It will demonstrate to the youth a positively empowered organization with Godly character and positive habits; collaborating to make the world a better place and sustain it. Also, encouraging and empowering young people through skills acquiring programs to realize their full potential.



## **OVERALL OBJECTIVE:**

“Raising the Bar and Bridging the Gap” of Leadership and Entrepreneurship skills by developing and transforming the minds of young people for positive change to include:

- Interest in personal development and leadership
- Developing problem solving tactics and techniques
- Having personal visions and goals
- A business ideas for future goals
- Develop and make positive changes in the community

## **EXPECTED MEASURABLE RESULTS**

L. H. Bostick Youth Foundation expects the following impact at the first week of the 12 months period of the program:

The collaboration of young people who are empathetic, display increased communication and conflict management skills. We hope to foster in our young people the following values:  
Authenticity, empathy, collaboration and possibility.

## **APPLICATION PROCESS**

With each age group will come a generalized and standard application process that will include a 3x5 profile picture of the applicant and how this “Masonic Youth Foundation” can assist them in excelling in the world as a productive citizen. All submissions are to be submitted by the given deadline no exceptions made. All applications will be reviewed for completion with the dismissal of those who have not fully complied with the guidelines that have been given. No applicant will be denied an opportunity based on race, religion, gender, or sexual orientation.

## **THE IMMEDIATE PLANS**

Preparation and rollout of the Fourth Annual L. H. Bostick Youth Foundation Incentive Program.

**Start Date: April 5, 2024**

**Application Deadline: October 12, 2024**

**National Submission Deadline: February 1, 2025**

**National Awards Ceremony: Saturday, March 22, 2025**

**Annual John V. Thornton Mid-Winter Conference**

Workshops: Youth with the guidance of leadership will develop workshops for other youths at each Level to attend. The Youth will all make presentations as well as facilitate the workshops in all aspects.

The winners of the State Level in each age bracket will be given the opportunity to submit their application on the National Level. The L. H. Bostick Youth Foundation Committee along with the President General’s approval will select the national judging panel. This panel will be the deciding factor and their selection shall be final.



All submissions on the State Level will receive a certificate of participation. Participant submissions that will be judged by a non-bias committee and recognized as the winners on the National Level will receive incentive funds ranging from:

- \$300.00 for Level I (1<sup>st</sup> Place)
- \$100.00 for Level I (2<sup>nd</sup> Place)
- \$500.00 for Level II (1<sup>st</sup> Place)
- \$100.00 for Level II (2<sup>nd</sup> Place)
- \$1,500.00 for Level III

The incentive payout to each winner will be in the form of a Uniform Gift to Minors (UGMA).

- All gifts to minors are irrevocable, and the donor (The L.H. Bostick Foundation) of the gift retains no rights to the property. Distributions shall be used for the Childs' benefit.
- The custodian (L.H.B.Y.F.) manages the investments, making decisions concerning buying and selling, reinvesting earning, and so forth. L.H. Bostick must act in the best interest of the child.
- The account's ownership is in the minor's name and social security number. The custodian (L.H.B.Y.F.) holds supervisory powers only. When the child reaches the age that custodianship (18yrs) ends, the custodian (L.H.B.Y.F.) is obligated to transfer assets to the child.
- Only one child may be named on a custodial account.
- In the unfortunate event of death of the participant the parent/guardian shall receive the participants incentive payout.

There shall be three participating levels, which will be divided into age groups.

- Level I 5 - 8 years of age
- Level II 9 – 13 years of age
- Level III 14 – 18 years of age

**States are encouraged to provide their own original projects for the youth in Level I and Level II to develop. It is strongly encouraged that the involvement and uniqueness of all submissions vary.**



For the age group of 5 – 8 years of age the criteria may consist of:

- Reading initiatives that will require the youth to read 5 books of the child’s choice. The child will then with an adult’s assistance submit a short type written essay of **no less than 150 words** (double-spaced) outlining the details of two of the 5 books read in separate essays; to be accompanied with the original handwritten projects of the candidate.

For the age group of 9 - 13 years; choose a subject of your choice.

- This documented subject shall be **no less than 800 words** and typed written by the participant.

For the age group of 14 - 18 years of age the criteria **shall** consist of:

- The construction of a business plan of their own ideas of starting a business.
- The business plan must be constructed as if the participant is submitting it to a Loan Company for financing.
- It must include marketing and sales strategies.
- **There will be no plagiarism accepted.**
- This business plan “must be typed”.
- Explain how this “business” will benefit the community.
- Finally, all submissions **must** be a FULL business plan from start to finish. There will be no exceptions.

The winners on the National Level will be acknowledged at the Annual John V. Thornton Mid-Winter Conference. The Grand Masters and Grand Matrons of the winning states for recipient distribution shall accept the incentive winnings if the participating winner is not able to be present.



## CHECKLIST

Please provide the following information to the L. H. Bostick Youth Foundation by **October 12, 2024.**

- Application
- Parental Consent Form
- Reference
- Photo (3x5)
- Medical Information Release Form

**Please note that ALL required documents and forms included in this packet must be completed and submitted by the deadline date to qualify. There will be no exceptions. It is the responsibility of the state representative to verify, mail and/or email all qualifying submissions by the required said deadline dates sated to:**

L. H. Bostick Youth Foundation  
Attn: Ill. George E. Fitts, 33<sup>o</sup>  
P.O. Box 6324  
Concord, NC 28027

or

[georgefitts@gmail.com](mailto:georgefitts@gmail.com)



# APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Special Situation (i.e. ward of the courts, homeless, emancipated) please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Address if different: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Masonic Affiliation circle one: YES or NO Where: \_\_\_\_\_

Why do you feel that you are the best candidate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would receiving the incentive benefit you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# DISCLAIMER

Any submission made to the L. H. Bostick Youth Foundation will become the property of the Foundation and may be exhibited in the future for written, visual or audio use. The National Committee will not be responsible for any damage sustained to submitted materials. States are responsible for the packaging and timely delivery of submissions. All submitted materials must be legible, viewable or audible. However, full credit will be acknowledged to the submitting candidate.

Parental/Guardian Consent for candidates under 18 years of age.

I, \_\_\_\_\_ give my child full permission  
**(PRINT First and Last Name)**  
to participate with the L. H. Bostick Youth Foundation and have read the above disclaimer and am fully aware of all criteria involved. I am also aware that this application or submission of any sort does not guarantee my child any incentive but simply petitions him/her as a candidate.

\_\_\_\_\_  
Candidates Signature Date

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

---

## FOR OFFICIAL USE ONLY – PLEASE PRINT

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If denied reason for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION DUE by October 12, 2024**





# REFERENCE FORM

**This section to be completed by applicant:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

A references for each applicant must be returned to the L. H. Bostick Youth Foundation. The comments will be used for Youth Leadership selection purposes only.

**To the Reference**

The person named above is an applicant for L. H. Bostick Youth Foundation, Youth Leadership & Development Program. LHBYP Youth Leadership and Development Program is designed to nurture and enhance the skills of youth in our community who wish to impact the future. LHBYP Youth Leadership and Development Program offer rare opportunities to interact with community leaders and explore issues, concerns and activities of our community.

**The goals of L. H. Bostick Youth Foundation, Youth Leadership and Development Program are to:**

- Present in-depth programs that acquaint participants with community needs, problems and resources and allow interaction with community leaders and decision makers.
- Provide opportunities for students from different areas to know one another and develop a level of mutual trust and respect.
- Foster student’s interest in community and voluntary activities.

1. How does the applicant exhibit the following?

Concern for others

---



---



---



---



Responsibility

---

---

---

---

Maturity

---

---

---

---

Interaction with peers & community

---

---

---

---

2. What other leadership qualities do you see in the applicant in addition to those listed above?

---

---

---

---

---

3. How will participating in this program benefit the applicant?

---

---

---

---

---



# MEDICAL FORM

**This form MUST be completely filled-out only if the participant is attending the Mid-Winter Conference held in Mobile, Alabama in March, 2025.**

Student/Participant's Name: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Address, City, State and Zip Code)

Grade Level: \_\_\_\_\_ School : \_\_\_\_\_  
(PRINT School Name, City and State)

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

Father's Name: \_\_\_\_\_ Phone: (Daytime) \_\_\_\_\_

(Mobile) \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: (Daytime) \_\_\_\_\_

(Mobile) \_\_\_\_\_ Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Address, City, State and Zip Code)

Medications my child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

Allergies, disorders, disabilities, or other medical conditions (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company and name of Policy Holder: \_\_\_\_\_  
\_\_\_\_\_

Names and Phone Numbers of 2 Emergency Contact Persons if Parents/Guardians cannot be reached:

1. Name and Relation to Participant: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name and Relation to Participant: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ agree and grant permission for \_\_\_\_\_  
Parent or Guardian's Name Child's Name

to participate in the L. H. Bostick Youth Foundation sponsored by the Masonic Congress and I warrant that my child is in good health. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Masonic Congress permission to act in my behalf in seeking permission to those administering emergency treatment to do so, using those measures deem necessary. I have read, understand, and agree to the statement above.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



## MEDICAL MATTERS

This form **MUST** be completely filled-out only if the participant is attending the Mid-Winter Conference.

**Of the following statements pertaining to medical matters, sign only those that are applicable.**

### *Medical Treatment:*

- In the event that it comes to the attention of the Masonic Congress or representatives associated with an activity that my child has become ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be called.

### *Medications:*

- My child is taking medication at present. My child will bring all such medication necessary and such medications will be well labeled. Names of medication and concise directions for seeing that my child takes such medication, dosage and frequency of dosage, and the medications will be given to the Masonic Congress for distribution.
- No medication of any type, whether prescription or non- prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.
- I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. Acetaminophen or ibuprofen, throat lozenge's, cough syrup, etc.) to be given to the child, if deemed appropriate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

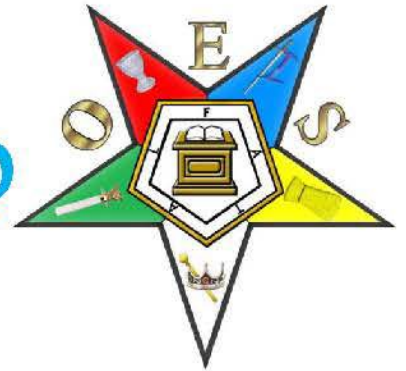


## STATE INSTRUCTIONS

1. Applications must be received by mail or email on or before **October 12, 2024**.
2. Complete all information, where needed, mark items as “Not Applicable” rather than leaving blanks.
3. Be sure to include all required attachments. Use the checklist provided with the application. We will not consider incomplete applications.
4. Failure to attach required transcripts, 3 x 5 photo, parental release, will result in disqualification.
5. Check your work, including spelling and grammar. The neatness and correctness of your work will be considered.
6. Start early enough to complete your application, obtain all the necessary documentation, and get the application in the mail or emailed well before the deadline.
7. Qualifications to enter
  - ❖ Ages 5-18 years
  - ❖ Neighbors, family, church groups, masonic groups, schools etc.
8. It is the duty and responsibility of the state to prepare and provide guidance for workshops, leadership training, family engagement, community outreach and relations and most of all educational mentoring.
9. It is the duty and responsibility of the hosting state to assign and train the youths to participate in the Annual L.H. Bostick Banquet.
10. The National Youth Chairman will aid and assist the Grand Master or his designee of the hosting state with the planning and execution of the annual banquet.
11. It is the duty of the hosting state to supply professional certified daycare personnel for children that may be attending with their parents or guardian. The hours required will be from 8:00 am until 5:00 pm.
12. All meals for the youths attending will be the responsibility of their parent(s) or guardian.
13. Any other additional activities that the state plans for the attending youth is the financial responsibility of the hosting state.



# Bridging The Gap

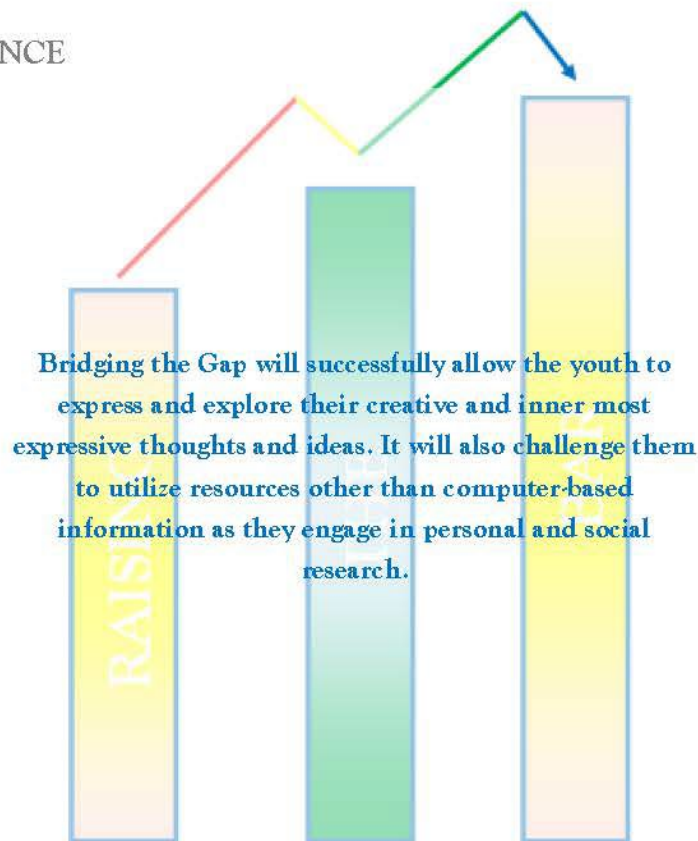


ALL CHILDREN BETWEEN THE AGES OF 5 AND 18 ARE

WELCOME!!!

SELF CONFIDENCE

LEADERSHIP



EMOTIONAL CONTROL

INTELLECTUAL FLEXIBILITY

SELF GRATIFICATION

SELF-COMPETENCE