

PLEASE ATTACH A COPY OF YOUR TRANSCRIPT TO THIS APPLICATION

I. PERSONAL INFORMATION

Date: _____

Name: _____ / _____ / _____ / _____
Last First Middle Current Grade

Nickname/name preferred: _____ Birthdates: _____ Male: ___ Female: ___

Race: _____ Previous Applicant? Yes ___ No ___ T-shirt size S M L XL XXL

Home address: _____

City: _____ State: _____ Zip: _____

Summer address (if different than above): _____

City: _____ State: _____ Zip: _____

Student Email Address: _____ @ _____

Student Facebook Name: _____

Parent/Caregiver Email Address _____ @ _____

High School: _____ (school year 2016-2017)

Home Phone: () _____ Parent/Guardian Work Phone () _____

Emergency or alternate phone: () _____ Student Phone () _____

Father's Name: _____

Mother's Name: _____

Guardian's Name: _____

Hobbies or Special Interest: _____

II. EMPLOYMENT

Will you be working during the school year? Yes ___ No ___ If yes, will your work schedule allow you to attend Saturday Leadership sessions? Retreat July 22-23, 2016? Yes ___ No ___

What is your work schedule? (Days and Hours): _____

List current job:

Type of job	Business Name	Supervisor	Phone
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III. COMMUNITY SERVICE INVOLVEMENT (Church, Scouts, 4-H, etc.)_____

IV. CLUB OFFICES HELD_____

V. IN WHAT WAYS (OTHER THAN LISTED ABOVE) HAVE YOU DEMONSTRATED LEADERSHIP? List any extra curricular activities, church involvement or projects in which you have participated._____

VI. HONORS AND RECOGNITION RECEIVED_____

VII. DESCRIBE TWO PERSONAL GOALS YOU WOULD LIKE TO ACCOMPLISH BEFORE YOU GRADUATE FROM HIGH SCHOOL _____

VII. IN YOUR OWN WORDS, BRIEFLY DESCRIBE WHY YOU WANT TO PARTICIPATE IN THIS LEADERSHIP PROGRAM_____

VIII. Please obtain the signature of two teachers and one other adult who will vouch for your character, motivation and level of commitment to be a part of the Youth Leadership Institute:

Signature:	Relationship:	Phone:
1. _____ / _____ / _____		
2. _____ / _____ / _____		
3. _____ / _____ / _____		

IX. PARTICIPANT COMMITMENT

To graduate from the YOUTH LEADERSHIP INSTITUTE, a participant is expected to attend all sessions and complete all requirements listed below:

- * Summer Retreat - A two-day overnight session held July 22-23, 2016.
- * Participation in seven monthly sessions. Three sessions will be held on a third Wednesday of the month and four on a third Saturday of the month, September through March. Session times will vary, but will usually run from 8 a.m. to 4 p.m. (Wednesday sessions have been approved through school administration.)
- * Perform a community service project.
- * Graduation in April.

I understand the purpose of the YOUTH LEADERSHIP INSTITUTE and, if selected, will commit the time necessary to complete the program. I understand that by missing more than 2 sessions, for whatever reason, I will be dropped from the program. I understand the above commitments and agree to be bound by them in signing this application.

Applicant

Date

___I wish be considered for a scholarship up to \$50.00 in order to attend.

I understand the purpose of the YOUTH LEADERSHIP INSTITUTE and, if my youth is selected, I will commit to support them in completing the program. I understand it is my responsibility to notify all other persons who need to know of my child's involvement in the Youth Leadership Program and its requirements, including retreat and session dates and locations.

Parent's signature

Date

**Applications should be mailed to the
Faulkner County Youth Leadership Institute
P.O. Box 2656, Conway, AR 72033**

DEADLINE: Postmarked by Friday, February 26, 2016
Applications postmarked after the deadline will not be processed.

**For more information, please contact:
Chuck Clawson 501.336.4756 / chuck.clawson@gmail.com**