

YOUTH LEADERSHIP FRANKLIN
c/o Kat McElroy
Green Bank
320 Main Street, Ste. 100
Franklin, TN 37064
Confidential Application

Note: Print out this form and submit in writing to address above – do not submit online.

Personal Information:

Name: _____

Preferred First Name: _____ Home Phone: _____

Birth Date: _____ School: _____ Grade () 10th () 11th

Home Address: _____

City/State/Zip: _____ E-Mail: _____

School Experience:

Other schools attended: _____

List up to three special awards, honors, or recognitions for academic, school or community related activities you have received in the past 2 years: _____

Main area of interest in studies: _____

General Information:

Using a few phrases or adjectives, describe yourself: _____

What three things are concerns to the youth of Williamson County? _____

Why do you want to be a part of Youth Leadership Franklin? _____

What do you hope to gain from this experience? _____

Organizations and Activities:

Please list in order of importance to you (up to five) school, volunteer, religious, social, athletic, or other activities or organizations in which you have participated during the last four years.

<u>Organization/Activity</u>	<u>Year</u>	<u>Involvement/Responsibility</u>
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What are your hobbies and interests outside of school? _____

Write something positive about yourself. _____

Write down something that you would like to accomplish by the time you finish your sophomore/junior year. _____

Write down something that you would like to accomplish by the time you graduate from high school. _____

References

Please have two (2) adults, one of which shall be a school teacher or school administrator, other than a parent or relative (for example a teacher, advisor, scout leader, minister, church youth leader, etc.) to write a letter of recommendation and return it to you so that it can be attached to this application.

First Reference

Name: _____ Phone Number: _____

Position/Title: _____

School/Firm/Organization: _____

Mailing Address: _____

Second Reference

Name: _____ Phone Number: _____

Position/Title: _____

School/Firm/Organization: _____

Mailing Address: _____

Attendance

Full attendance by each participant is essential if Youth Leadership is to meet its objective.

Please check the program calendar dates. **If selected, I will make a commitment to attend each one of the program sessions.**

(signature of applicant)

Cost

There are no out-of-pocket costs for this program, due to corporate sponsors.

Essay

Complete the essay question attached to this application.

Special Acknowledgment

The applicant understands that the applicant may be suspended for absenteeism and unexcused absences, as well as behavior-related issues. Applicant also understands that the applicant will be dismissed automatically if the applicant changes schools, is suspended from school, or for any other reason determined in the sole discretion of the Steering Committee of Youth Leadership.

Application Deadline: October 9, 2009 at 4:00 p.m.

Printed Name of Applicant _____

Important - To be completed in the presence of a Notary:

Signature of Applicant: _____ Date: _____

Signature of Custodial Parent or Legal Guardian: _____
Date: _____

Emergency Phone # _____

Sworn to and subscribed before me this the ___ day of _____, 200__.

Notary

(S e a l)

My Commission Expires: _____

