



YOUTH LEADERSHIP APPLICATION FORM

PERSONAL INFORMATION

NAME: _____ PREFERRED NAME _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ DATE OF BIRTH: _____ GENDER: _____

SCHOOL: _____ CURRENT GRADE: _____

NAME OF PARENT(S) OR GUARDIAN: _____

NAME OF PARENT GRADUATE OF LEADERSHIP: _____

CRITERIA FOR SELECTION

- * High school student
- * Program commitment
- * Participated in an organized effort
- * Resident or Student in Ashtabula County
- * Leadership abilities may include non-traditional initiatives
- * Self-reliant
- * Full support from school
- * Academically sound
- * Parental permission

YOUTH LEADERSHIP ASHTABULA COUNTY IS SPONSORED BY LEADERSHIP ASHTABULA COUNTY, INC.

We are a network of individuals – working individually and collectively-
strengthening community.

SCHOOL EXPERIENCE

List any awards, honors or academic recognition for school, or community-related activities you have received over the last four years.

1. _____

2. _____

3. _____

4. _____

Give an example of how you have demonstrated individual initiative.

What do you hope to gain from your participation in the YOUTH LEADERSHIP program?

ORGANIZATIONS AND ACTIVITIES

List in order of importance to you, up to five, activities or organizations in which you have participated during the past four years. (Examples: school, volunteer, social, athletic, etc.)

	Organization/Activity	Grade	Leadership Responsibility/Involvement
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Select an activity/organization listed above and briefly explain how your participation has been of benefit to you.

REFERENCES (2)

Return the two reference forms completed by adults, one completed by a teacher, the other by an adult who knows you well (other than a parent or relative).

FUNDING

\$375.00 is the tuition for YOUTH LEADERSHIP Ashtabula County. \$200 is due upon acceptance to the YL Program and the remaining \$175 is due prior to the Opening Retreat. (A payment plan may be arranged providing it is in writing to the LEADERSHIP Office.) For scholarship information, please contact the LEADERSHIP office. This program is funded in part by individual, corporate and foundation contributions.

ATTENDANCE

Students are required to attend the Opening Retreat, plus sessions during the school year. (This will involve missing some school days.) More than one absence will result in dismissal from the program. The Executive Director reserves the right to make exceptions.

Applicant Commitment

I understand the purpose of YOUTH LEADERSHIP Ashtabula County. If I am selected, I will devote my time and resources to completing the program. In signing this application, I understand these commitments and agree to honor them. I understand attendance is required at the Opening Retreat and monthly meetings.

Signature of Applicant

Date

Principal Nomination

I support this student's application to YOUTH LEADERSHIP Ashtabula County. I understand attendance is required at the Opening Retreat and all program days.

Signature of Principal

Date

Parental Support

I grant permission for YOUTH LEADERSHIP Ashtabula County to transport my child between sites on monthly scheduled dates between September and May. I understand the attendance policy and am aware more than one absence will result in the dismissal of my child from the program.

Signature of Parent(s) or Guardian

Date

**Please send applications to: LEADERSHIP Ashtabula County
PO Box 643 3441 North Ridge West
Ashtabula, OH 44005-0643
440-998-3888 / Fax: 440-992-2474**

Applications are due by: May 1st

"BEING A LEADER"

As part of the application process, we are asking each YOUth LEADERship applicant to submit a 500 word essay (typed or handwritten) on "BEING A LEADER". The essay should be included along with the application and is also due by May 1, 2007.

YOUth LEADERship REFERENCE FORM (1 of 2)

YL APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

TO THE REFERENCE:

The person named above is an applicant for the YOUth LEADERship Ashtabula County Program. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

NAME OF REFERENCE: _____

POSITION/TITLE: _____

SCHOOL/FIRM/ORGANIZATION: _____

1. For how long and in what capacity have you known the applicant?

2. What do you consider the applicant's primary talents/strengths?

3. Please comment on the applicant's relationship with his or her peers?

4. Please rate the applicant with other high school students you have known.

1-Outstanding 2-Excellent 3-Good 4-Average 5-Unable to judge

Character _____

Ability to work with others _____

Concern for others _____

Maturity _____

Responsibility _____

Oral communication skills _____

Leadership _____

Interest in community affairs _____

Initiative _____

Signature of reference: _____

Date: _____

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YOUth LEADERship REFERENCE FORM (2 of 2)

YL APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

TO THE REFERENCE:

The person named above is an applicant for the YOUth LEADERship Ashtabula County Program. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

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POSITION/TITLE: _____

SCHOOL/FIRM/ORGANIZATION: _____

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YOUTH LEADERSHIP

Ashtabula County

2007-2008 Calendar

Wednesday, September 5, 2007	Orientation
Thursday, September 6, 2007	Opening Retreat
Thursday, October 11, 2007	YL Day
Wednesday, November 7, 2007	YL Day
December (dates not yet determined)	Community Service Projects
Wednesday, January 9, 2008	YL Day
Wednesday, February 6, 2008	YL Day
Wednesday, March 12, 2008	YL Day
Wednesday, April 2, 2008	YL Day
May, 2008 (Exact date to be determined later)	Closing Day/Graduation

Most program days will run 7:30 AM – 2:30 PM