



Application

TO BE ELIGIBLE APPLICANTS MUST:
--

- | |
|---|
| <ul style="list-style-type: none">▪ Be enrolled as a student in a Hall County School.▪ Make application during the spring of their freshman year for participation as sophomores.▪ Desire to develop and utilize leadership skills. |
|---|

GRADUATION REQUIREMENTS:

- | |
|--|
| <ul style="list-style-type: none">▪ Attendance at all sessions including the overnight retreat. The sessions will be held during the day and shouldn't interfere with sports and event schedules. Every effort will be made to avoid conflicts with other school functions. School administration, teachers and coaches are aware of this program and absence from school during these sessions will be allowed. Excused absences from the program may be allowed under certain pre-arranged circumstances.▪ Completion of 10 hours of community leadership activities. |
|--|

INSTRUCTIONS:

- | |
|---|
| <ul style="list-style-type: none">▪ Complete this application including all necessary signatures. Application is available online at www.leadershiptomorrow.com. Or call 382-9210 with questions.▪ Return to the address on the last page of the application.▪ Applications must be received, postmarked or emailed by March 30.▪ The Youth Leadership Tomorrow Committee will review the applications and all applicants will be notified in writing before the beginning of the fall semester of applicant's sophomore year. |
|---|

COST:

- | |
|--|
| <ul style="list-style-type: none">▪ A \$50.00 fee is charged for those accepted into the program. No one will be denied because of inability to pay. |
|--|

OVERVIEW

Youth Leadership Tomorrow is an interactive, leadership development program. This program offers high school sophomores the opportunity to develop, strengthen and obtain leadership skills through seminars, tours, dialogue and interaction with community leaders.

Youth Leadership Tomorrow is directed at developing the leadership skills of those high school sophomores who are beginning to show leadership potential, and an interest in their community, yet have not had many opportunities to lead. The program is also aimed at elevating community awareness that young adults are discovering the power of caring, generosity, good leadership, and have great value to offer the community.

There are two Youth Leadership Tomorrow groups each school year. One group meets August through January and one group meets January through May. Each group will participate in a required, overnight retreat. Additional activities such as orientation, graduation, and community activities will also be scheduled.

PERSONAL INFORMATION

The information on this page will be removed prior to the selection process.

Name

Name you prefer to be called

School

Home Phone and Email Address

Home Address, City, State, Zip

Parent's/Guardian's Name(s)

OPTIONAL

Because various funding grants require the following data, Leadership Tomorrow respectfully requests the following information (this information is NOT used as criteria for selection into Youth Leadership Tomorrow and is NOT associated by name, school, or community with any applicant.)

Gender: ___ Male ___ Female

Race/Ethnicity ___ African American ___ Caucasian ___ Latino/Hispanic
 ___ Asian ___ Native American ___ Other _____

Family Income: ___ Under \$35,000 ___ \$35,000-\$60,000 ___ Above \$60,000

APPLICANT COMMITMENT

I understand the purpose of the Youth Leadership program and have read the graduations requirements. If I am selected, I will devote my time and resources to complete the program. I understand that the entire opening retreat is required. I also understand that failure to meet these requirements will require me to withdraw from the program. In signing this application, I understand and accept these commitments and agree to honor them.

Signature of Applicant _____ Date _____

SESSION PREFERENCE

You may let us know which group of YLT you prefer. We will do everything possible to meet your request. Reminder: The ENTIRE retreat is required so check your sports/music/activity schedules.

I have no preference

I will accept either group but prefer the August-January group, January-May group.

I can only accept the August-January group. I can only accept the January-May group.

August – January Group

Opening Retreat (required)

Saturday, August 9, 2008,
mid-morning through
Sunday, August 10, 2008, noonish

Other sessions are scheduled on
Tuesdays, once a month, from 8:00
a.m. – 3:00 p.m.

January – May Group

Opening Retreat (required)

Saturday, January 3, 2009,
mid-morning through
Sunday, January 4, 2009, noonish

Other sessions are scheduled on
Tuesdays, once a month, from 8:00
a.m. – 3:00 p.m.

EXPERIENCES

1. List any job experience, paid or volunteer, and briefly explain what it involved and what you learned from this experience.

Do you currently have a job? _____ How many hours per week? _____

Would your job interfere with the Youth Leadership Tomorrow program? _____

2. If you haven't had the opportunity to participate in school or non-school related activities, why not?

Time Not interested Transportation Work Financial reasons
 Other

Explain:

GENERAL INFORMATION

(Using additional paper, please re-type questions and include your response.)

1. Please list two personal accomplishments you are most proud. Why? Be specific. What leadership skills helped you with those accomplishments?
2. Please explain an experience you have had in your school, place of worship, work place, neighborhood, clubs, etc., with those having differing values, ideas or customs. What have you learned from this experience?
3. Please explain what you hope to gain by participating in Youth Leadership Tomorrow?
4. Name two characteristics you value in other people and tell us why those characteristics are important to you.
5. If you could change anything about your school what would it be and why? How would you go about making the change?
6. Describe a time when your actions positively impacted a person, your family, your school or your community.

REFERENCES

Please list the name of **one** person whom you have asked to be a reference for you. (Other than a parent or relative.) One letter of recommendation is required. **It will be the applicant's responsibility to assure that the letter is included with the completed application or mailed directly.**

Name of Reference _____

Position/Title _____ Phone Number _____

PARENT/GUARDIAN PERMISSION

I am the parent/legal guardian of _____ (student name). I have read the information about the Youth Leadership Tomorrow program and am willing to have my child participate. I agree to help my child meet the requirements of the program including but not limited to an overnight opening retreat, monthly sessions and ten hours of community leadership work. I understand that I am responsible to arrange for transportation to the session and home after the session.

Parent(s)/Legal Guardian Name (please print) _____

Signature of Parent/Legal Guardian _____ Date _____

Home Phone _____ Work Phone _____

Address _____ City _____ Zip _____

SCHOOL APPROVAL

All applicants **MUST** have the approval of their school principal to attend the six sessions of Youth Leadership Tomorrow. Please have your principal complete this section:

I approve of the participation of _____ (student name) in the Youth Leadership Tomorrow program . The student meets the criteria of being "academically sound" and will be excused for Youth Leadership Tomorrow sessions.

Principal Name (please print) _____

School _____ Phone _____

Signature of Principal _____ Date _____

**STUDENT MUST SUBMIT APPLICATION TO:
YOUTH LEADERSHIP TOMORROW
P O Box 1486
309 WEST SECOND (CHAMBER OF COMMERCE)
GRAND ISLAND, NE 68802
308-382-9210
jworthington@leadershiptomorrow.com
MUST BE RECEIVED OR POSTMARKED NO LATER THAN MARCH 30**