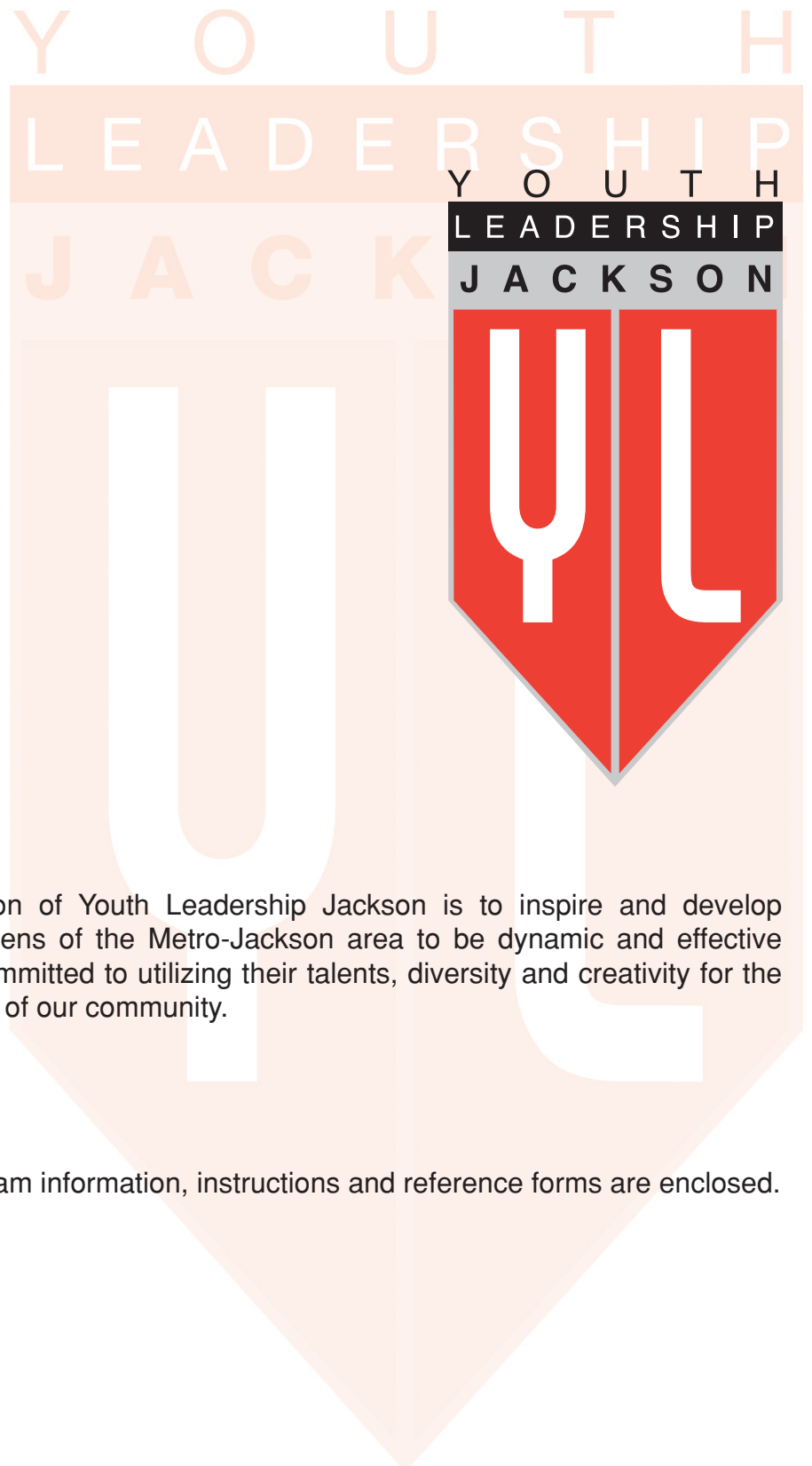


# APPLICATION FORM

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The mission of Youth Leadership Jackson is to inspire and develop young citizens of the Metro-Jackson area to be dynamic and effective leaders committed to utilizing their talents, diversity and creativity for the betterment of our community.

Program information, instructions and reference forms are enclosed.

PLEASE TYPE OR PRINT

**PERSONAL INFORMATION**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Name you prefer to be called \_\_\_\_\_ Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Gender \_\_\_\_\_ Race \_\_\_\_\_ Date of birth \_\_\_\_\_  
Grade in school: 10th \_\_\_\_\_ or 11th \_\_\_\_\_  
School \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

**SCHOOL EXPERIENCE**

Other schools attended \_\_\_\_\_  
\_\_\_\_\_  
List up to three special awards, honors or recognitions for academic, school or community-related activities you have received from the 7th - 10th grades: \_\_\_\_\_  
\_\_\_\_\_  
Main area of interest in studies \_\_\_\_\_  
\_\_\_\_\_

**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 past four years.

ORGANIZATION/ ACTIVITY	GRADE IN SCHOOL	LEADERSHIP RESPONSIBILITY/ INVOLVEMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**WORK EXPERIENCE**

List any part-time job experience, paid or volunteer, and briefly tell what it involved. \_\_\_\_\_  
\_\_\_\_\_  
Do you currently have a part-time job? \_\_\_\_\_ How many hours per week? \_\_\_\_\_  
Would your job interfere with your attendance at Youth Leadership Jackson? \_\_\_\_\_

## GENERAL INFORMATION

1. Using a few phrases or adjectives, describe yourself. \_\_\_\_\_

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2. What three things concern you most about your life in Jackson? \_\_\_\_\_

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3. Which session listed on the program calendar interests you most? What do you expect to get out of it? \_\_\_\_\_

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4. What else would you like to tell us about yourself? \_\_\_\_\_

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## ESSAY

Please respond to the following question in 250 words or less.

If you could change anything in your community, what would it be and how?

## REFERENCES

Please give one reference form to your high school principal/headmaster or counselor. Give the second one to any adult who knows you well, other than a parent or relative, for example, a teacher, scout leader, church youth leader, etc. If this is your first year at your current school, give the second reference to a teacher, principal/headmaster or counselor at the school you attended last year.

**1. Name of 1<sup>st</sup> Reference - Principal/ Headmaster or Counselor** \_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**2. Name of 2<sup>nd</sup> Reference** \_\_\_\_\_

Position/Title \_\_\_\_\_

School/Firm/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

## ATTENDANCE

100% attendance is expected of each participant and school attendance credit will be granted for each school-day session attended. To make sure you do not have unavoidable conflicts, please compare your schedule with the program calendar dates on the enclosed information sheet before completing your application.

If selected, do you make a commitment to attend each one of the six program sessions from the Opening Retreat through the Closing Retreat? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

APPLICATIONS WILL BE REVIEWED IN CONFIDENCE

ALL APPLICANTS WILL BE NOTIFIED IN WRITING OF THE SELECTION COMMITTEE'S DECISION.

RETURN TO: **YOUTH LEADERSHIP JACKSON**

P.O. Box 22548

Jackson, MS 39225-2548





## REFERENCE FORM

PLEASE TYPE OR PRINT

### TO THE APPLICANT

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Be sure to give both this reference form and the envelope provided to the person completing the form for you. The comments will be used for Youth Leadership Jackson selection purposes only.

Please sign and date the waiver below.

**Waiver of Access:** I, the undersigned, waive the right of personal access to the reference.

\_\_\_\_\_  
Signature

### TO THE REFERENCE:

The person named above is an applicant for Youth Leadership Jackson. 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.

Please return this form to: **YOUTH LEADERSHIP JACKSON**  
P.O. Box 22548 • Jackson, MS 39225-2548

Name of Reference \_\_\_\_\_

Position/Title \_\_\_\_\_

School/Firm/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**1** For how long and in what capacity have you known the applicant? \_\_\_\_\_

**2** What do you consider the applicant's primary talents or strengths? \_\_\_\_\_

**3** What do you consider the applicant's chief weakness? \_\_\_\_\_

**4** Comment on the applicant's relationships with his or her peers. \_\_\_\_\_

**5** Applicant's grade point average is \_\_\_\_\_ on a \_\_\_\_\_ point scale\*.

\* (This question should be answered only by the reference who is the applicant's principal/headmaster or counselor.)



**6** Please use the scale below to compare the applicant with other high school sophomores or juniors you have known.

	Exceptional		Excellent	Good	Average	Poor	Unable to Judge
Character							
Concern for others							
Responsibility							
Leadership							
Initiative							
Curiosity							
Ability to work with others							
Maturity							
Poise							
Oral communication skills							
Persistence and drive							
Interest in community affairs							
Analytical ability (Ability to explore problems in an orderly manner and generate alternatives)							

**7** Please comment on the applicant's ability to communicate with others, his or her behavior in a group setting (participant or observer?), interest in community affairs and potential for becoming a community leader. (Attach an additional sheet if necessary.)

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**SIGNATURE OF REFERENCE** (if other than applicant's principal/headmaster)

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**SIGNATURE OF PRINCIPAL/HEADMASTER** (necessary only on reference form of applicant's principal/headmaster or counselor)

*This verifies the principal's/headmaster's approval for the applicant to attend all sessions of Youth Leadership Jackson, and if this student is selected, your approval for your school to pay the \$100 processing fee to Youth Leadership Jackson for the applicant's participation.*



## REFERENCE FORM

PLEASE TYPE OR PRINT

### TO THE APPLICANT

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