



Application for Class of 2011-2012

Deadline: Friday, May 6, 2011

This application may be duplicated as needed. Please write or type **clearly**; complete both sides of the Youth Leadership Jefferson County (YLJC) application and attach additional documents.

Applicant's name: _____ **Birth Date:** _____

Applicant's address: _____ **City, Zip:** _____

Applicant's phone: _____ **Cell:** _____ **FAX:** _____

Applicant's email (print clearly): _____

High School: _____

Year of graduation: _____

Current grade (must be a sophomore, junior or senior during the 2010-2011 school year): _____

Contact information:

Mother's /Guardian's name: _____

Mother's/Guardian's address: _____ **City, Zip:** _____

Mother's/Guardian's phone: _____ **Cell:** _____ **Work:** _____

Email (print clearly): _____

Father's/Guardian's name: _____

Father's/Guardian's address: _____ **City, Zip:** _____

Father's/Guardian's phone: _____ **Cell:** _____ **Work:** _____

Email (print clearly): _____

Please submit a TYPED response to the following questions on a separate sheet of paper:

- 1) Please describe yourself and your interests.

2) Please list activities in which you are/have been involved and leadership positions held.

*** Can be in resume form**

3) Who do you think is a good leader and why? (S/he doesn't have to be famous, just a leader in your opinion.)

4) Why do you want to be in this leadership program?

5) What are your academic/career aspirations?

6) What is the most challenging problem facing youth in your community, and what are some ways you could work to solve the problem? (Please limit to 100 words.)

7) How did you hear about Youth Leadership Jefferson County?

Acceptance into the program includes the following commitments on the part of the participant:

- Attendance at all **full-day mandatory** sessions once per month September through May (prearranged make-up options may be arranged with the Executive Director to successfully complete the YLJC program.)
- Payment of a \$150 tuition fee (need-based scholarships are available for special circumstances. Contact the YLJC Executive Director at 303-233-5555 opt.8.).
- Three hours of community service and/or fundraising on behalf of YLJC is mandatory.
- Participation in an additional evening leadership/teambuilding activity.

Application submission must include the following:

- Completed application form.
- Responses to questions 1-7 on a separate sheet of paper.
- Two** letters of recommendation, **one from** a teacher, counselor, coach or administrator **and one** from an adult in the community.
- All required signatures.
- Resume (if desired.)

The signatures of your parents(s)/ guardian(s), school principal and counselor are required. By signing, all parties understand and support the YLJC program and attendance requirements.

Applicant's name (please print): _____

Signature: _____

Parent's/Guardian's name (please print): _____

Signature: _____

Principal's name (please print): _____

Signature: _____

Counselor's name (please print): _____

Signature: _____

Mail to:
Youth Leadership Jefferson County
West Chamber Serving Jefferson County Foundation
1667 Cole Blvd., Bldg. 19, Suite 400
Lakewood, Colorado 80401

or submit via email to

<mailto:mmurray@westchamber.org>

Must be postmarked by: Friday, May 6, 2011

