

# Leadership Greater Ardmore Youth Leadership Program (YLP)

## Application Instructions & Checklist

### Application

\_\_\_\_\_ Application must be printed in ink or typed legibly. **PLEASE DO NOT USE PENCIL.**

The application must be signed by all of the following:

- \_\_\_\_\_ 1. Applicant
- \_\_\_\_\_ 2. Principal or Assistant Principal
- \_\_\_\_\_ 3. Parent or Legal Guardian

\_\_\_\_\_ The essay should be typed or printed legibly on a single, separate sheet of paper. The applicant's name should be at the top of the page in case the essay should get separated.

\_\_\_\_\_ Mail original application and essay to: Chamber Foundation - YLP  
Annalisa Peevy  
PO Box 1585  
Ardmore, OK 73402

**Applications must be postmarked no later than Tuesday, September 17, 2019**

### Reference Forms

\_\_\_\_\_ Applicant must have two adults complete the reference forms. References can be from a school counselor, teacher, employer, family friend, etc. (Please, no references from relatives or student peers).

\_\_\_\_\_ **References should be returned separately to Chamber Foundation via mail or fax by Tuesday, September 17, 2019**

Applicant may want to call people writing references a few days before the deadline to remind them or to confirm that the reference forms have been completed and sent to the Chamber Office.

### Selection

A selection committee comprised of the Leadership Greater Ardmore Board will review all applications submitted. Participants will be selected based on their demonstrated interest in learning more about leadership and philanthropy and their capacity to contribute unique qualities, experiences and viewpoints to the program. The selection committee is particularly interested in students who have not had many opportunities to build leadership skills. All applicants will be notified by email or phone of their selection status.

There is a \$ 75.00 program fee. Payment schedules and scholarships are available. Applicants will be asked about their need for financial assistance after selection. It is not a factor in selection.

Chamber of Commerce Foundation, Inc., PO Box 1585, Ardmore, OK 73402  
Phone: 580-223-7765, Fax: 580-223-7825, email: Annalisa Peevy apeevy@ardmore.org

# Youth Leadership Program (YLP)

## Application for the 2019-2020 Session

*Please print or type legibly. DO NOT USE PENCIL.*

### Personal Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Address                                      City                                      Zip

\_\_\_\_\_  
Home Phone                                      Cell Phone

\_\_\_\_\_  
Email

■ The following information is necessary to assure a diverse class.

Race/Ethnicity: \_\_\_\_\_ African American                      \_\_\_\_\_ Asian American  
    \_\_\_\_\_ Caucasian                      \_\_\_\_\_ Hispanic American  
    \_\_\_\_\_ Native American                      \_\_\_\_\_ Other

Gender: \_\_\_\_\_ Male                      \_\_\_\_\_ Female

\_\_\_\_\_  
Birthdate: Month                      Day                      Year

\_\_\_\_\_  
Name of school you are attending in 2019-2020                      Principal's name for 2019-2020

\_\_\_\_\_  
School Address                                      City                                      Zip

\_\_\_\_\_  
School Phone                                      School Counselor for 2019-2020                      GPA (18/19)

Grade (for 2019-2020): \_\_\_\_\_ Sophomore                      \_\_\_\_\_ Junior                      Did you apply for YLP last year? \_\_\_\_\_

How did you hear about YLP? \_\_\_\_\_

### Organizations & Activities

Please list any school, volunteer, religious, social, athletic or other activities/organizations in which you have **recently** participated in.

<u>Activity/Organization</u>	<u>Year in School</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

### Personal Information

1. Name 3 activities you enjoy:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. What are your strengths?

What are your weaknesses?

3. Where will you be in six years and what will you have accomplished?

4. What qualities can you contribute to the program?

### Essay

Please respond to the following question in 250 words or less on a separate sheet of paper. Please type or print legibly (in black ink) and be sure to put your name at the top of the essay, in case it should get separated from your application.

**If you could change any one thing in your school or community, what would it be? How would you do it? Outline a plan of action to achieve this change.**

## Youth Commitment

I understand that if admitted to the YLP program, I am filling a space that will not be available to another applicant. Therefore, I am expected to attend all program sessions (with exceptions for illness and emergencies) and complete 20 hours of community service in order to successfully complete Youth Leadership Program. I am fully committed to the program and will strive to be a valuable participant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## School Commitment and Approval

I understand that Youth Leadership Program is a program sponsored by Chamber Foundation helps high school students develop and strengthen their leadership skills and introduces them to philanthropy and community action. I approve the participation of this student in the program and understand that the student's full attendance is required for successful completion of the program. I will serve as an advocate to our faculty to ensure the student is not penalized for missing classes or school activities.

\_\_\_\_\_  
Signature of Principal or Assistant Principal

\_\_\_\_\_  
Date

## Parental Approval

I am the parent/legal guardian of \_\_\_\_\_. I have read the information of Youth Leadership Program and I approve of my child's participation. I hereby release and hold harmless the Chamber Foundation, its members, agents, employees or any individuals involved in the planning, organization or presentation of Youth Leadership Program programming for any accident, injury, illness or any damage whatsoever related to the above-mentioned student's attendance at or participation in any activity or session of Youth Leadership Program.

Name of Parent/Legal Guardian \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Additional Parent/Legal Guardian Information:

Name of Parent/Legal Guardian \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Special Accommodations

Does the applicant need special accommodations? Explain. \_\_\_\_\_

# Youth Leadership Program

## School Reference Form

Student's Name \_\_\_\_\_

**To the Reference:** The person listed above is an applicant for Youth Leadership Program (YLP). This program of the Chamber Foundation helps high school sophomores and juniors develop and strengthen their leadership skills and introduce them to philanthropy and community action. YLP is an interactive, hands-on experience, aimed at youth who are emerging and non-traditional leaders. The YLP Selection Committee is aware of the time necessary to prepare a reference and gratefully acknowledges your help. **Please type or print (in ink).** This reference will be reviewed in confidence.

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

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

School/Business/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

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

2. What do you consider to be the applicant's primary strengths?

3. Use a few phrases or adjectives to describe the applicant.

4. What would you like the Selection Committee to know about this applicant?

Please rate your perception of the applicant's skills in the following areas: (1-5 scale, 5 being high, or NA if not observed)

\_\_\_\_\_ Responsibility      \_\_\_\_\_ Curiosity      \_\_\_\_\_ Initiative

\_\_\_\_\_ Ability to work with others      \_\_\_\_\_ Concern for others      \_\_\_\_\_ Interest in community

# Youth Leadership Program

## Employer/Friend Reference Form

Student's Name \_\_\_\_\_

**To the Reference:** The person listed above is an applicant for Youth Leadership Program (YLP). This program of the Chamber Foundation helps high school sophomores and juniors develop and strengthen their leadership skills and introduce them to philanthropy and community action. YLP is an interactive, hands-on experience, aimed at youth who are emerging and non-traditional leaders. The YLP Selection Committee is aware of the time necessary to prepare a reference and gratefully acknowledges your help. **Please type or print (in ink).** This reference will be reviewed in confidence.

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

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

School/Business/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

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

2. What do you consider to be the applicant's primary strengths?

3. Use a few phrases or adjectives to describe the applicant.

4. What would you like the Selection Committee to know about this applicant?

Please rate your perception of the applicant's skills in the following areas: (1-5 scale, 5 being high, or NA if not observed)

\_\_\_\_\_ Responsibility      \_\_\_\_\_ Curiosity      \_\_\_\_\_ Initiative  
 \_\_\_\_\_ Ability to work with others      \_\_\_\_\_ Concern for others      \_\_\_\_\_ Interest in community