



Participant Application for 8th grade Summer Leadership Training Program
A program of Leadership Worthington designed for students entering into the 8th grade
and live in the Worthington School District.

Name: _____ Date of Birth: _____

Address: _____
Number & Street City State Zip Code

Gender (M/F): _____ Phone: _____ Student's Cell Phone: _____ email: _____

Middle School: _____

T-Shirt Size (circle one): Adult sizes **X-SMALL** **SMALL** **MEDIUM** **LARGE** **X-LARGE**

**Please indicate whether you would like to participate in the 1st session or the 2nd session program
(see brochure for details and session dates):**

June (first) Session : _____

August (second) Session: _____

Note: Class size is limited. Applications will be processed in the order in which they are received.

Tuition for the Leadership Plus program is * \$85.00 due at the time of application.

Leadership Worthington, Val Knapp, Youth Programs Coordinator, 200 E. Wilson Bridge Road, Worthington, Ohio 43085

Checks payable to: Leadership Worthington

*Limited scholarships are available based on need. If you wish to be considered, please describe any current circumstances that would merit financial aid. All information is kept confidential.

Please complete the following: (add additional pages to the end of this application if needed)

- Consider your participation in activities and/or organizations in the past two years. Please list in order of importance to you **three** of those activities. Things to consider may include activities related to school, community, religious, social, athletic, scouting etc. Please be specific, providing detail about what you did during your participation with the activities listed.
- Please state why you want to participate in the Leadership Plus program including your expectations and what you hope to gain from your experience in the program.

- Please list any accomplishments, awards, honors or recognition for academic, school, religious or community-related activities you have received over the last two years.

I understand the financial and attendance requirements of the program.

Student Signature

Date

Parental Permission and Authorization for Release of Information

I am the parent/legal guardian of _____ (Student name). I have read the information on the Leadership Worthington Youth Program and am willing to have my child participate. Leadership Worthington, its agents and its employees, have my full permission and consent to transport and otherwise provide transportation for my child by public means or transportation in connection with all sessions of the Youth Program during the school year in which he/she is a participant. I hereby release and hold harmless Leadership Worthington Trustees, its members, agents, employees or any individuals involved in the planning, organization or presentation of the Youth Program, 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 the Youth Program. I also give permission to release program-related biographical information and/or photographic images of my child to be used for press releases to news media or other interested individuals/organizations. I understand that such information and images may also be included in the Leadership Worthington website, www.leadershipworthington.org.

Parent/Legal Guardian Name _____ (please print)

Signature of Parent/Legal Guardian _____ Date _____

Email _____ Home Phone _____ Work Phone _____

Address _____ Cell Phone _____

(street)

(city)

(zip code)

I know of potential sponsors (refreshments, supplies, etc.) for this program. Please contact the following to inquire: _____

I know of professional contacts in the Worthington and Columbus areas that might be interested in volunteering for the program to facilitate a leadership session. Their area(s) of expertise related to leadership development and their contact information is as follows:

I know of another student who might be interested in receiving this program information. His/her name, school and contact information is as follows:

I would like to help the "lead facilitator" during a class session when there are small group activities: _____

For Office Use Only:

Payment: \$85.00 Check Number: _____ Date Received: _____

Scholarship (if applicable): _____

Total: _____

For Office Use Only:

Emergency Medical form: _____

Confirmation letter: _____

DISS Release: _____

Invoice: _____