



## Participant Application for **LEADERSHIP PLUS**

A student program offered by Leadership Worthington

Name:	
Address:	
Telephone:	
Email Address:	
Date of Birth:	
Gender (M/F):	
School Attended: ***	
T-shirt size (circle one)	<b>Small      Medium      Large      X-Large</b>

**\*\*\*All students must be entering 8<sup>th</sup> grade in the fall**

Tuition for the Leadership Plus program is \$85.00 due at the time of application.  
This fee is non-refundable. Please check the session you wish to apply for:

\_\_\_\_\_ **First Session, June 12 & 13, 2008**

OR

\_\_\_\_\_ **Second Session, August 15 & 16, 2008**

- Attendance for both days is mandatory. Students are encouraged to bring canned goods for the W.A.R.M. Food Pantry, Westerville, Ohio.
- Applications are processed in the order in which they are received. Once processed, a confirmation letter will be sent. If you are not selected for the program, the \$85.00 fee will be returned to you

Please enclose the following completed items:

- Participant Application
- Parental Consent form
- Tuition payment (checks payable to the Leadership Worthington)

Please return completed forms and payments to:

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

For Office Use Only:

Payment:	Date Received:	Check Number:
\$85.00 Deposit: _____	_____	_____
Application: _____	_____	
Parental Consent form: _____	_____	

Limited financial aid grants are available based on need. If you wish to be considered, please describe any current circumstances that would merit financial aid.

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 indicated.

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.

I understand the financial and attendance requirements of the program.

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Student Signature

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Date

**PARENTAL PERMISSION**  
**Leadership Plus**

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 time 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.

Parent/Legal Guardian Name \_\_\_\_\_  
(please print)

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

Date \_\_\_\_\_ Email \_\_\_\_\_

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

Address \_\_\_\_\_  
(street) (city) (ZIP)

**List any special health problems or physical limitations your child has:**

\_\_\_\_\_

I would be **willing to help with the service project to W.A.R.M.** \_\_\_\_\_  
(your phone number)

I know of **potential sponsors** (refreshments/supplies) for this program. Prospective sponsors include:

\_\_\_\_\_  
\_\_\_\_\_