



Participant Application for Leadership Tomorrow

A program of Leadership Worthington designed for students in grades 9 (second semester), 10, 11 and 12 and who live in the Worthington School District.

Name:	
Street Address:	
City/State/Zip:	
Telephone:	
Email Address:	
Date of Birth:	
Year in School: (must be in 9 th (second semester), 10 th , 11 th or 12 th grade)	
Gender (M/F):	
School Attended:	
T-Shirt Size (circle one):	Adult: SMALL, MEDIUM, LARGE, X-LARGE, XX-LARGE

Please indicate whether you would like to participate in the fall program or the spring program (see informational flyer for details and session dates):

Fall (first) Semester: _____

Spring (second) Semester: _____

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

Please return the completed application, parental consent form, Adventure Education Center Authorization form, and deposit (\$65.00, required) or full payment* (\$145.00) to:

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

Checks payable to: **Leadership Worthington**

**Full payment is due by the first class*

<u>For Office Use Only:</u>			<u>For Office Use Only:</u>		
Payments:		Check Number:		Date Received:	
\$65.00 Deposit:	_____		_____		_____
\$80.00 Balance:	_____		_____		_____
\$145.00 Total:	_____		_____		_____
				AEC form:	_____
				Confirmation:	_____
				DISS Release:	_____
				Invoice:	_____

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. All information is kept confidential.

Consider your participation in activities and/or organizations in the past two years. Please list in order of importance to you **five** 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 list your job experience, paid or volunteer, and briefly describe the related responsibilities and tasks involved.

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

Please state why you want to participate in the Leadership Tomorrow program including your expectations and what you hope to gain from your experience in the program.

I understand the financial, 5 hours of service commitment time and attendance requirements of the program.

Student Signature

Date

**Parental Permission and Authorization for Release of Information
Leadership Tomorrow**

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 _____
(street) (city) (zip code)

Emergency contact phone/cell number(s) _____

- 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 who 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:
