# A Program for Augusta Area

## <u>A Program for Augusta Area</u> <u>High School Juniors and Seniors</u>

## Application Class of 2021-2022

Youth Leadership Augusta receives approximately 150 applications each year for our program. Only 30-40 students can participate. The first part of our process is a written application where grammar, legibility, answer completeness and thoughtfulness, and the ability to follow directions on student checklist below are primarily considered. The best written applications move to the second part of the process which is an interview. Special attention to these things will improve your chances of being considered for acceptance. <u>Please use pen or type</u>.

## Application Packet Due Date: Thursday, August 12, 2021

Please return to your high school counselor.

## STUDENT CHECKLIST

- □ Complete Application Form with initialed Attendance Commitment Policy for submission to counselor by **Thursday**, **August 12**, **2021**
- □ Complete Permission Form with parent, principal, and counselor signatures
- □ Complete two (2) Youth Leadership Reference Forms
- $\Box$  Submit a photo with your application
- □ Submit 6 stapled copies of complete packet (application, permission form, and two (2) reference forms to counselor by noon on **Thursday, August 12, 2021**)
- $\Box$  Keep all forms in this packet in numerical order
- DO NOT submit this student checklist/coversheet with your application. Please remove this sheet prior to submission.

*Failure to submit a COMPLETE and TIMELY Application Packet may jeopardize your opportunity to join our program. Carefully confirm you have provided all required documentation listed above.* 

Application Deadline	Noon	School Guidance Office	
Interviews (if selected)	12:00 p.m. – 6:00 p.m.	<b>ARC Municipal Building</b>	
Interviews (if selected)	12:00 p.m. – 6:00 p.m.	<b>ARC Municipal Building</b>	
Notifications (if selected)	Email Notifications to Stud	lent and Parent	
Orientation for Selected Students - Mandatory Attendance			
Orientation Dort 1	3:00 pm 6:00 pm	Kroc Center	
	Interviews (if selected) Interviews (if selected) Notifications (if selected) tation for Selected Studen	Interviews (if selected)12:00 p.m 6:00 p.m.Interviews (if selected)12:00 p.m 6:00 p.m.Notifications (if selected)Email Notifications to Student	

Thursday, August 26, 2021	<b>Orientation Part 1</b>	3:00 pm – 6:00 pm	Kroc Center
Thursday, August 26, 2021	Parent Reception	6:00 pm – 7:30 pm	Kroc Center
Friday, August 27, 2021	<b>Orientation Part 2</b>	7:30 am – 3:30 pm	Kroc Center
Saturday, August 28, 2021	<b>Orientation Part 3</b>	7:30 am – 3:30 pm	TBD

#### www.leadershipaugusta.com or www.e3augusta.com

Questions:

Gillian Rullamas/Youth Leadership Augusta Administrator: 706-821-2416 or <u>grullamas@augustaga.gov</u> Steven Kendrick/Youth Leadership Augusta, Chairman: 706-821-2417 or <u>steven.kendrick@augustaga.gov</u>



# **Application Form**

Youth Leadership Augusta is a program coordinated by Leadership Augusta and the E3 Leadership Foundation. While the program works with local school systems, the rules and regulations that are adhered to are developed and administered by the Youth Leadership Advisory Committee.

# Due August 12, 2021

Please type or print application. Complete all information using this form <u>ONLY</u> and do not use additional pages.

Last Name	First N	ame	Middle Name		Preferred Name
Address	City		State	Zip	Home Phone
Mobile Phone	Date of Birth		E-mail Address		
School		Age	Grade	Race	Gender
Parent/Guardian Name #1		Email address			Mobile Phone Number
Parent/Guardian Name #2		Email address			Mobile Phone Number
Have you had siblings partic	ipate in YLA?	If so, what i	s/are their names and	what year did th	ey graduate from our program?

## **Attendance Commitment and Policy**

#### **INITIALS**

- 1. \_\_\_\_\_ Orientation Sessions 1, 2, and 3 are MANDATORY for admission/participation in program.
- 2. \_\_\_\_\_ <u>ATTENDANCE IS REQUIRED AT ALL SESSIONS</u>. I have reviewed the proposed dates for the program and am making the commitment to attend all scheduled sessions.
- 3. \_\_\_\_\_ If an emergency arises, a written request must be submitted to the Youth Leadership Advisory Committee for consideration as to whether the absence is excused.
- 4. \_\_\_\_\_ The Richmond County School System has approved all school day sessions as excused absences (Students will be responsible for any missed work). <u>Such arrangements have not been made with other local school systems at the printing of this application</u>.
- 5. \_\_\_\_\_ Students may miss only one full day session and successfully graduate from our program. Participants missing more than one session may be immediately dismissed from the program.
- 6. \_\_\_\_\_ Presence for more than six (6) hours constitutes a full day's session. Any less will be counted as an absence, although students may still attend.
- 7. \_\_\_\_\_ Students are expected to make YLA a priority. Our weekdays usually last from 7:15 am til 3:30 pm each month (one longer day may be included). Our weekend times are varied and may last all day. Absence or requests for early release for sports, clubs, or other activities are discouraged.

List up to three (3) school related activities in which you have participated during the last two years.

	r r	• 0 •
NAME OF SCHOOL CLUB/ORG./SPORT	WHEN INVOLVED	WHAT WAS YOUR ROLE?
<b>List up to three (3)</b> <u>non-school related</u> a community/civic/religious/scouting/volu	activities in which you have nteer/athletic, etc.)	participated during the last two years.
YPE OF ACTIVITY	WHEN INVOLVED	WHAT WAS YOUR ROLE IN THE ACTIVITY
Vhat are your career interests?		
What do you believe is the role and respons	ibility of a community leader?	,

Name four characteristics you value in other people.

If you could spend a day with a current or past leader, who would you choose and why?

How can you be a role model for other students in your school?

Describe a time when your actions positively impacted a person, your school, or your neighborhood?

If you could change anything about your school, what would it be and why?

If selected for the Youth Leadership Augusta program how will you balance your other life activities and Youth Leadership?



**Permission Form** 

#### Applicant will not be considered unless this and all other forms are submitted by the deadline.

# Due August 12, 2021

(student name). I

Student Name

I am the parent/legal guardian of

YOUTHLEAD

have read the information on the Youth Leadership Augusta program and am willing to have my child participate. I understand that participation at all sessions is mandatory.

Youth Leadership Augusta, Leadership Augusta, the E3 Leadership Foundation and the Richmond County Board of Education, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by system bus service, public service bus, private automobile, vans or other appropriate means of transportation in connection with all sessions of Youth Leadership Augusta during the school year in which he/she is a participant.

I hereby release and hold harmless: Youth Leadership Augusta, Augusta Metro Chamber of Commerce, the E3 Leadership Foundation and the Richmond County Board of Education; its members, agents and employees; or any individuals involved in the planning, organization or presentation of Youth Leadership Augusta 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 Augusta.

Parent(s)/Legal Guardian Name (please print)

Signature of Parent(s)/Legal Guardian

#### SCHOOL SYSTEM APPROVAL

All applicants are asked to have the acknowledgement of their school principal and counselor to attend the mandatory school day sessions of Youth Leadership Augusta. Please have your principal and counselor sign below. Please print legibly.

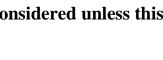
I approve of the participation of (student name) in the Youth Leadership Augusta Class of 2022. This student is in good academic standing.

Principal's Name (please print)

Counselor's Name (please print)

Counselor's Signature

School



Angusta

Date

Principal's Signature

Phone



# **Reference Form**

#### PERSONAL REFERENCE (#1)

Thank you for completing this reference for a Youth Leadership Augusta applicant. Please limit your recommendation to the space provided on this form. <u>Personal letters of recommendation will not be considered</u>. Please type or PRINT all information. Again, thank you.

Your Name:	Title:
Company/Organization:	
Address:	
Phone:	E-Mail Address:

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

B. With what frequency and in what kinds of situations do you come into contact with the applicant?

C. How will the applicant enhance Youth Leadership Augusta?

D. What are the first three (3) words that come to mind that describe the applicant (Limit 3 words)



# **Reference Form**

#### PERSONAL REFERENCE (#2)

Thank you for completing this reference for a Youth Leadership Augusta applicant. Please limit your recommendation to the space provided on this form. <u>Personal letters of recommendation will not be considered</u>. Please type or PRINT all information. Again, thank you.

Your Name:	Title:
Company/Organization:	
City, State, Zip:	
Phone:	E-Mail Address:

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

B. With what frequency and in what kinds of situations do you come into contact with the applicant?

C. How will the applicant enhance Youth Leadership Augusta?

D. What are the first three (3) words that come to mind that describe the applicant (Limit 3 words)