



# Youth Leadership Jefferson County

Application for the Class of 2018-19  
Deadline: Monday, May 7<sup>th</sup>, 2018

An innovative program designed to develop leadership skills and build a deeper understanding and appreciation of your community.

*Applicant's name:* \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_



Phone: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_



Cell: \_\_\_\_\_

High School: \_\_\_\_\_



Email: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Current Grade Level: (must be upperclassmen during the 2018-19 School year): \_\_\_\_\_

Food Allergies/Dietary Restrictions: \_\_\_\_\_

*Parent/Guardian Contact Information:* \_\_\_\_\_

*Student Commitments:* \_\_\_\_\_

Name: \_\_\_\_\_

❖ Attendance at all full-day mandatory sessions once per month September through May (prearranged make-up options may be arranged with the Executive Director to successfully complete the YLJC program).

Address: \_\_\_\_\_

❖ Payment of \$250 tuition fee.

City: \_\_\_\_\_

Zip: \_\_\_\_\_

❖ A donation of \$50 or an item for the annual silent auction benefitting YLJC is required.



Please submit a letter to YLJC, answering the following questions, and tell us why you are interested in participating in YLJC

- ❖ Please describe yourself and your interests.
- ❖ Please list activities in which you are/have been involved and leadership positions held (can be in resume format).
- ❖ Who do you think is a good leader and why?
- ❖ Why do you want to be in this leadership program?
- ❖ What are your academic/career aspirations?
- ❖ What is the most challenging problem facing youth in your community, and what are some ways you could work to solve the problem? (Please limit to 100 words).
- ❖ How did you hear about Youth Leadership Jefferson County?

*Required Signatures:* By signing, all parties understand and support the YLJC program and attendance requirements.

**Applicant's Name (please print):**

Signature: \_\_\_\_\_

**Parent/Guardian's Name (please print):**

Signature: \_\_\_\_\_

**Principal's Name (please print):**

Signature: \_\_\_\_\_

**Counselor's Name (please print):**

Signature: \_\_\_\_\_

*Requirements for Application Submission:*

- Completed application form
- Responses to questions a separate sheet(s) of paper
- One** letter of recommendation from a teacher, counselor, coach, and **one** from an adult in the community
- All required signatures

*Please mail to:*

JCBEA  
Attn: Dot Miller  
7187 W. 79th Drive,  
Arvada, CO 80003

*Or email:*

[info@JCBEA.org](mailto:info@JCBEA.org)

