



YOUTH LEADERSHIP CONFERENCE NAME & LOCATION: _____

YOUTH LEADERSHIP CONFERENCE DATES: _____ **CONFERENCE CODE:** _____

A. STUDENT APPLICATION (PLEASE PRINT)

FULL NAME OF YLC STUDENT / CHILD OF THE UNDERSIGNED NATURAL PARENT/LEGAL GUARDIAN

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

AREA CODE & TELEPHONE NUMBER

EMAIL

AGE

GENDER (MALE/FEMALE)

DATE OF BIRTH (DAY / MONTH / YEAR)

SCHOOL GRADE, I.E., 10TH OR 11TH GRADE IN HIGH SCHOOL

SCHOOL YEAR

LEADERSHIP POSITIONS NOW HELD OR WERE HELD

CO-CURRICULAR/EXTRA-CURRICULAR ACTIVITIES (E.G., SPORTS, CLUBS, CHEER, TAS, NHS)

SHORT-TERM GOALS

LONG-TERM GOALS

EXPECTATIONS IN TEN YEARS

SIGNATURE OF STUDENT APPLICANT

DATE (DAY / MONTH / YEAR)

B. APPROVAL OF PARENT/GUARDIAN (PLEASE PRINT)

FULL NAME OF NATURAL CUSTODIAL PARENT OR DESIGNATED LEGAL GUARDIAN

RELATIONSHIP TO STUDENT

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

AREA CODE & TELEPHONE NUMBER

EMAIL

SIGNATURE OF NATURAL CUSTODIAL PARENT OR DESIGNATED LEGAL GUARDIAN

DATE (MONTH / DAY / YEAR)

C. APPROVAL OF HIGH SCHOOL COUNSELOR/INSTRUCTOR (PLEASE PRINT)

FULL NAME OF HIGH SCHOOL COUNSELOR/INSTRUCTOR

TITLE OR POSITION

HIGH SCHOOL NAME & ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

AREA CODE & TELEPHONE NUMBER

EMAIL

SIGNATURE OF HIGH SCHOOL COUNSELOR/INSTRUCTOR

DATE (MONTH / DAY / YEAR)



D. APPROVAL OF SPONSORING MOWW SUB-ELEMENT (CHAPTER, DEPARTMENT OR REGION) (PLEASE PRINT)

APPROVING OFFICIAL'S FULL NAME, RANK, SERVICE

TITLE

MOWW ELEMENT (CHAPTER, DEPARTMENT OR CHAPTER)

TITLE OR POSITION

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

AREA CODE & TELEPHONE NUMBER

EMAIL

SIGNATURE

DATE (MONTH / DAY / YEAR)