

APPLICATION REQUIREMENTS

**Parent or student guardian signatures are required for application completion process. (\*)**

**Deadline: April 20, 2011**

Please mail/fax completed application along with a reference letter, if possible, to:

**Chester County Chamber Foundation YLP  
 1600 Paoli Pike, Malvern, PA 19355  
 Fax: 610-725-8479**

APPLICATION COMPLETION PROCESS

Complete Sections I (this form) and II (short answer), including all required signatures (\*). Please type or **neatly print** the requested information.

**SECTION I: PERSONAL INFORMATION**

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

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

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

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

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

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

School Contact & Email: \_\_\_\_\_

\_\_\_\_\_

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

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

Emergency Contact & Number: \_\_\_\_\_

\_\_\_\_\_

REFERENCES

Please provide one character reference letter from someone other than a relative (i.e. teacher, employer, minister). Indicate the reference below and attach the letter to this application if possible.

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

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

STUDENT COMMITMENT

If selected for the YLP, I will participate to the best of my ability and meet all program requirements.

This includes:

- All day attendance to 6 sessions
- Completion of related assignments
- Participate in Community Service Project
- A positive attitude and respect for others
- Timely RSVP for the program days
- \$50.00 administration fee upon acceptance into the program (scholarships available)**

I also understand that it is my responsibility to notify YLP representatives for any session absenteeism. My school will be called for unexcused absences. I will also complete any school assignments missed due to my participation in the program.

\_\_\_\_\_  
 (\*) Applicant's Signature

PARENT/GUARDIAN COMMITMENT

I (we) fully endorse our youth's participation in the YLP and fully understand the program participation requirements.

\_\_\_\_\_  
 (\*) Parent/Guardian Signature

1600 Paoli Pike Malvern, PA 19355  
 Phone: 610-725-9100 Fax: 610-725-8479  
 www.cccbi.org



**\*\* Please See Back Page →**



Chester County Chamber Foundation Youth Leadership Program (YLP)

**SECTION II: NARRATIVE – *Deadline: April 20, 2011***

**Please type your response to the follow questions on a separate sheet in 50 words or less per question.**

- A. Why do you want to participate in the Youth Leadership Program?
- B. What do you believe you could contribute to the Youth Leadership Program to ensure that it is a success?
- C. Who do you believe to be a “great” leader and why?
- D. Please *list* any school or non-school related activities you are currently involved in.
- E. Please *list* any community service you are involved in and why.