**Application Packet FINAL DEADLINE: May 31, 2017**

**Leadership Arlington Youth Program**

**Class of 2017**

Each year, a select group of student leaders are chosen to participate in Leadership Arlington’s Youth Program. To apply online, please visit [**www.leadercenter.org**](http://www.leadercenter.org)**.** Please learn about our Youth Program, including the required time commitment and tuition fee, before applying. The Class of 2017 Youth Program will take place over the following two week period:

**Monday, July 31 through Thursday August 3, 2017**

**Monday, August 7 through Thursday, August 10, 2017**

Orientation for participants and parents will be held on Tuesday, July 11, 2017 from 6:30pm to 7:30pm.

**QUALIFICATIONS**
All applicants must

* Rank as a rising junior or senior in the summer of 2017.
* Be in good academic standing.
* Submit a completed application and all required documents to Leadership Arlington. These materials may be submitted online or downloaded and returned via e-mail or mail.
* *Note:* Arlington County residents will be given preference during the selection process, but students from all jurisdictions may apply.

**EVALUATION CRITERIA**
Each application will be judged on its own merits. Participants will be selected on the basis of their

* Demonstration of leadership skills in either a traditional or non-traditional setting.
* Participation in community or family service activities.
* Involvement in extra-curricular activities.
* Communication skills.
* Recommendation from an adult reference.

**SELECTION AND CLASS MAKE-UP**

The selection committee will strive to choose applicants who represent a cross-section of students living or attending high school in Arlington. Up to 30 students will be chosen to form a diverse group of individuals based on experiences, interests, backgrounds and strengths. Diversity of school programs as well as geographic diversity within the Arlington community will also be taken into consideration.

**REQUIRED TIME**

The Leadership Arlington Youth Program sessions take place from approximately 8:30am to 4:30pm, although the schedule and location for each day will be different. Participants are expected to attend all sessions, including the mandatory opening retreat, closing retreat and graduation. Any participant who misses the required retreats or graduation will be asked to withdraw from the program.

**TUITION**
**Tuition for Leadership Arlington’s Youth Program is $400 for Arlington County residents and $500 for non-Arlington residents.** Limited scholarships are available where need is adequately demonstrated (see below). Leadership Arlington accepts checks, VISA, MasterCard and American Express.

**SCHOLARSHIP ASSISTANCE**

Leadership Arlington encourages qualified candidates to apply to the Youth Program regardless of financial status. A limited number of partial scholarships are available. Candidates interested in applying for financial assistance should submit a one-page “Scholarship Request Form” with the amount requested and rationale behind the request. **Requests MUST be submitted with your application** online at [**www.leadercenter.org**](http://www.leadershiparlington.org) or via e-mail to Courtney Simon, Member Engagement Manager, at csimon@leadercenter.org. All scholarship requests will remain confidential.

**YOUTH PROGRAM APPLICATION CHECKLIST:**

* **Qualifications and Requirements** found on the first page are met by the student applicant.
* **“Parental Consent Form”** has been submitted by a parent.
* **“Reference Form”** has been submitted by a teacher, counselor, principal, community figure or any adult who has worked closely with the applicant.
* **Submission Deadline:** The application has been submitted to Courtney Simon, Member Engagement Manager, by May 31, 2017. Please **choose** **one** of the following ways to submit:
	+ E-mailed to **csimon@leadercenter.org****.**
	+ Mailed to 4420 N. Fairfax Drive, Suite 102, Arlington, Virginia 22203.
* **Tuition:** If accepted, tuition of $400 for Arlington residents and $500 for Non-Arlington residents will be due July 14, 2017, unless other arrangements have been made with the Program Coordinator.
* **Mandatory Attendance:** If accepted, attendance is mandatory at both:
	+ **July 31-August 1**: The opening retreat/overnight stay at Marymount University
	+ **August 10**: The closing retreat and graduation

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| **Leadership Arlington****Youth Program Application***CONFIDENTIAL* |

*(Please print)*

Please note the application deadline and tuition requirements below:

* **Final Application Deadline**: May 31, 2017
* **Tuition**: If accepted, tuition of $400 for Arlington residents and $500 for Non-Arlington residents will be due July 14, 2017, unless other arrangements have been made with the Program Coordinator.
* Applications may be e-mailed to **csimon@leadercenter.org** or mailed to 4420 N. Fairfax Drive, Suite 102, Arlington, Virginia 22203.
* Scholarship applications (if applicable) **MUST** be included when the application is submitted.

Last Name: First Name: MI:

Name You Prefer to be Called: Date of Birth: /\_\_\_\_\_\_\_\_\_/\_ \_\_\_\_\_\_

Gender: Male Female School: \_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_ (out of \_\_\_\_\_\_\_\_\_) Current Grade (Circle or Bold): Sophomore Junior

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME ADDRESS:**

Street Address (Do Not Give P.O. Box): \_\_\_\_\_\_

City: State: Zip:

Home Phone: \_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_

Student E-mail Address:

How did you hear about Leadership Arlington? \_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Last Name: First Name:

Street Address (if different from student): \_\_\_\_\_\_

City: State: Zip:

Work Phone: \_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_\_

Relationship to Student:

**Why are you interested in this program? What do you hope to gain from it (100 words)?**

**Describe an individual whose leadership style or skills you admire. How have you been influenced by this person (100 words)?**

 **How do you spend your time outside of school studies (100 words)?**

**What is the most important thing you would like to share about yourself (100 words)?**

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

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| **Leadership Arlington Youth ProgramParent/Guardian Approval Form***CONFIDENTIAL* |

**PARENT/GUARDIAN APPROVAL REQUIRED:**

I give my permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Leadership Arlington Youth Program. Upon notification of acceptance into the program, I will pay Leadership Arlington the agreed upon tuition fee. I understand that scholarships are available, and no student accepted into the program will be turned away for financial reasons. For more information, contact Courtney Simon, Member Engagement Manager, at csimon@leadercenter.org or 703-528-2522.

(print student’s name)

**Parent/Guardian Signature:**  \_\_\_\_\_\_

**Parent/Guardian Name:**  **Date:**

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| **Leadership Arlington Youth Program****Scholarship Request Form***CONFIDENTIAL* |

**QUICK FACTS**

* Scholarships are given to applicants who have demonstrated a sincere interest in participating in the program, but are unable to pay the entire tuition.
* Scholarships are based upon the available funds for distribution.
* Scholarship requests must be received when the student submits the Youth Program application.
* This form may be submitted to Courtney Simon, Member Engagement Manager, by e-mail to **csimon@leadercenter.org** or mail to 4420 N. Fairfax Drive, Suite 102, Arlington, Virginia 22203.

Last Name: \_\_\_\_\_\_\_ First Name: \_\_\_ \_\_\_\_\_\_

**In a brief paragraph, please explain why you qualify for a scholarship (250 words).**

**Applicant’s Signature:** **Date:**

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| **Leadership Arlington Youth Program****Reference Letter***CONFIDENTIAL* |

*Each student who applies to the Leadership Arlington Youth Program is required to provide one reference letter from a teacher, counselor, principal, community figure or adult who has worked closely with the applicant. We thank you for your time and willingness to speak on behalf of this applicant.*

Please submit this form to Courtney Simon, Member Engagement Manager. Forms are accepted via e-mail to csimon@leadercenter.org or mail to 4420 N. Fairfax Drive, Suite 102, Arlington, Virginia 22203.

**FINAL APPLICATION DEADLINE: May 31, 2017. Please type all information.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship/involvement with this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please explain why you recommend this student for the Leadership Arlington Youth Program. What evidence of leadership talents have you observed in this individual? In what way do you feel this applicant would benefit from such a program?**

**Reference Signature:**

**Printed Name:**  **Date:**