



youth leadership Council Bluffs

Program Sponsored by: TS Bank

Application Deadline: March 2, 2010

1. The application must be received by **March 2, 2010** at the Council Bluffs Chamber of Commerce. Attn: Kristine Plunkett, 7 North Sixth St., PO Box 1565, Council Bluffs, IA 51502.

Materials include signatures by principal and parent/guardian and two reference forms.

2. The Selection Committee will review only completed applications submitted by the deadline.
3. Do not use additional pages. The application form will be the only information considered.
4. There is no fee to apply. If selected, the program fee of \$100 will be covered by scholarship.
5. All applicants will be notified of selection no later than **May 2010**.
6. Call Kristine Plunkett for schedule information and all other questions at (712) 325-1000 or email: kplunkett@councilbluffsia.com.

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

I am the parent/legal guardian of _____(student name). I have read the information on the Youth Leadership Council Bluffs program and am willing to have my child participate. **I understand that attendance at all sessions and retreats are mandatory.** Youth Leadership Council Bluffs, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by public service bus, private automobile, van or other appropriate means of transportation in connection with all sessions of Youth Leadership Council Bluffs during the school year in which he/she is a participant.

I hereby release and hold harmless Youth Leadership Council Bluffs, its members, agents, or any individuals in the planning, organization or presentation of Youth Leadership Council Bluffs 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 Council Bluffs. I release my child's photographs for promotion and marketing for current and future YLCB materials.

parent(s)/legal guardian name (please print)

signature of parent(s)/legal guardian

date

home phone

work phone

address

city

zip

SCHOOL APPROVAL

All applicants **MUST** have the approval of their school principal to attend the eight mandatory sessions of Youth Leadership Council Bluffs. Please have your principal sign below:

I approve of the participation of _____(student name) in the Youth Leadership Council Bluffs program for **2010-2011**. The student meets the criteria of being academically sound and in good standing.

principal name (please print)

school

phone

signature of principal

date

Due March 2, 2010 to Youth Leadership Council Bluffs, Attn: Kristine Plunkett, 7 North Sixth St., PO Box 1565, Council Bluffs, IA 51502. For more information regarding this program contact the Council Bluffs Chamber of Commerce at (712) 325-1000.

PLEASE type or print application (no pencil please). Complete all information using this form only. Do not use additional pages.

List no more than five school related activities in order of importance in which you have participated during the last two years.

NAME OF SCHOOL CLUB/ORGANIZATION	WHEN INVOLVED	WHAT WAS YOUR ROLE?
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What school activities would you like to be in!

If you haven't had the opportunity to participate in activities/organizations, why not?

time not interested transportation financial reasons work

other(describe) _____

List no more than five non-school related or non-employment related activities in order of importance in which you have participated during the last two years. (For example: community/civic/religious/scouting/volunteer/athletic, etc.).

NAME CLUB/ORGANIZATION	WHEN INVOLVED	WHAT WAS YOUR ROLE?
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If you haven't had the opportunity to participate in non-school activities/organizations, why not? time not interested transportation financial reasons work

other(describe) _____

List any special recognition or honors for academic, school, religious, or community related activities have received or the last two years.

Will you be or are you working during the 2010-2011 school year? yes no If so, how many hours do you work during the week? _____

If selected for the Youth Leadership Council Bluffs program, how would you balance your employment with your commitment to the program?

Explain what your family/home responsibilities consist of:

What career(s) do you have an interest in?

Identify someone to whom you are not related, that you admire. Describe what you value in them.

If you could spend a day with a current world leader, artist, or sports star, who would you choose and why?

Describe a special gift or talent you have.

How can you be a role model for younger children in your community?

Describe a time when your actions positively affected a person, your school, or your neighborhood.

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

How did you find out about Youth Leadership Council Bluffs?

friend teacher counselor paper parent website

We are looking for people that represent each of these categories. Select one category for yourself and explain why you feel you fit in that category.

already an established leader

becoming a leader (have showed some experience leading)

could be a leader (shows interest but needs skill and opportunity)

What else would you like to tell us about yourself?

If selected, you must be in good standing in the community and commit to attending the program orientation, the opening and closing retreats, each of the program sessions and graduation. Full attendance by each participant is mandatory if YLCB is to meet its objectives. Youth Leadership Council Bluffs will work with schools to encourage school attendance credit.

I understand and accept the attendance requirements for Youth Leadership Council Bluffs.

student signature

date

Please give the enclosed reference forms to two adults who know you well, excluding parent/guardian (example: teacher, employer, faith leader, etc.) Remind each person that the reference form is due to the Youth Leadership Council Bluffs office postmarked by **March 2, 2010**. Complete the following which indicates to whom you gave the reference forms.

Student Name _____

1	name of reference	position/title	
	school/business/org.	address	phone
2	name of reference	position/title	
	school/business/org.	address	phone

REMEMBER: Complete all pages with your signature and signature of your parents(s)/legal guardian and school principle. Also, give reference forms to two adults. ALL FORMS ARE DUE MARCH 2, 2010. Mail to: Council Bluffs Chamber of Commerce, Attn: Kristine Plunkett, 7 North Sixth St., PO Box 1565, Council Bluffs, IA 51502