

# Youth Leadership Bowie

For students entering 10<sup>th</sup> and 11<sup>th</sup> grade in 2017-2018 who reside in Bowie, MD (Zip codes 20715, 20716, 20720, and 20721) or attend Bowie High School.

Deadline: Completed Application Must Be Received by the  
Greater Bowie Chamber of Commerce  
2614 Kenhill Drive, Suite 117  
Bowie, MD 20715 (FAX: 301-262-0921)  
**No later than 4:00 pm Friday, June 2, 2017**

## STUDENT APPLICATION

**(Please type or print legibly using black ink only)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Entering Grade \_\_\_\_\_ Fall 2017

School: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

School Dismissal Time: \_\_\_\_\_ School Telephone: \_\_\_\_\_

Name You Would Like To Be Called \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

*YLB does not discriminate in admissions or treatment on the basis of race, color, sex, national origin, religion or disability.*

1. List courses/workshops/programs you have taken or are currently taking that have been relevant to or have prepared you for leadership:

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2. List high school extracurricular activities and time commitments (e.g., Varsity Soccer, MWF, 3-5 pm):

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3. List community and volunteer activities:

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4. List honors and awards you have received:

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5. Do you have a job or other time commitments not listed in #2 above that we should know about for planning purposes?

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6. Employment: List any jobs you have held during summer vacations and after school.

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Description of work performed:

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Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Description of work performed:

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7. **PREPARE AND ATTACH A BRIEF ESSAY** of no more than two computer generated pages describing your reasons for applying to participate in this program. Please tell us a little about yourself, including what are your potential career interests, college major, etc.
8. SELECT A TEACHER who can complete the attached **TEACHER REFERENCE** for you and ask him/her to complete and submit the form to the address listed on the following page by the application deadline.
9. SELECT AN ADULT (not a teacher, parent or relative) who can complete the attached **COMMUNITY REFERENCE** form for you and ask him/her to complete and submit the form to the address on the following page by the application deadline.

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## Agreement

I certify that all answers given herein are true and complete to the best of my knowledge. I am a high school student entering the 10<sup>th</sup> or 11<sup>th</sup> grade who resides in the City of Bowie, Maryland (zip codes 20715, 20716, 20720, or 20721) or attends Bowie High School.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- If accepted, my son/daughter has permission to participate in this program. I understand that I will need to ask my child's school for permission for excused absences from school to participate in Youth Leadership Bowie events approximately once a month throughout the school year, September through May. The Prince George's County Board of Education considers these to be excused absences as do most private schools, but we strongly suggest you clear this with your school principal BEFORE applying to the program.
- A copy of the **student's photo identification** MUST be returned with this application. Either a valid driver's license or school ID card is acceptable.
- Further, I understand that a **deposit of \$100 is required to be submitted with this Application** in order for my child to participate in this program. The deposit is non-refundable for those students selected for participation in the 2017-2018 YLB Program. The deposit will be refunded only to those students not accepted into the program. **A nominal fee may apply towards monthly field trips to offset transportation fees.**
- To achieve a successful completion of the YLB program, the participant must attend the first Orientation meeting in September, cannot miss more than two of the year's activities/programs, and be an active participant in the group's Community Service Project.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please send completed form to:

## **Youth Leadership Bowie**

**The Greater Bowie Chamber of Commerce**

2614 Kenhill Drive, Suite 117

Bowie, Maryland 20715

Phone: (301) 262-0920

Fax: (301) 262-0921

**MUST BE RECEIVED NO LATER THAN 4:00 P.M. FRIDAY, JUNE 2, 2017**

The information you provide will be kept confidential.

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## TEACHER REFERENCE

### PART I

To be completed by **APPLICANT**  
**(Please type or print legibly using black ink only)**

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

I am applying for a position as a participant in the Youth Leadership Bowie program. I request and authorize you to complete Part II.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### PART II

To be completed by **TEACHER**  
**(Please print or type legibly using black ink only)**

Based on your knowledge, please rate this student by circling a number for each criterion:

	Excellent	Good	Average	Poor
Student initiative	5	4	3	2
Demonstrated Willingness to work	5	4	3	2
Sense of Responsibility	5	4	3	2

**TEACHER REFERENCE (continued)**

Do you recommend this student for the Youth Leadership Bowie Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons:

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\_\_\_\_\_

Teacher's Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

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## COMMUNITY REFERENCE

### PART I

To be completed by **APPLICANT**  
**(Please type or print legibly using black ink only)**

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

I am applying for a position as a participant in the Youth Leadership Bowie program. I request and authorize you to complete Part II.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### PART II

To be completed by **COMMUNITY MEMBER**  
**(NOT a teacher, parent or relative)**  
**(Please write or print legibly using black ink only)**

Based on your knowledge, please rate this student by circling a number for each criterion:

	Excellent	Good	Average	Poor
Student initiative	5	4	3	2
Demonstrated Willingness to work	5	4	3	2
Sense of Responsibility	5	4	3	2

## COMMUNITY REFERENCE (continued)

Do you recommend this student for the Youth Leadership Bowie Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons:

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Community Member's Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Position: \_\_\_\_\_

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

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