

Youth Leadership Bowie

For students entering 10th and 11th grade in 2018-2019 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, May 4, 2018

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 2018

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):

3. List community and volunteer activities:

4. List honors and awards you have received:

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:

Employer: _____ Dates: _____

Address: _____

Supervisor: _____

Description of work performed:

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 AN ADULT** (not a 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 10th or 11th 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 2018-2019 YLB Program. The deposit will be refunded only to those students not accepted into the program.
- 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, MAY 4, 2018

The information you provide will be kept confidential.

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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 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:

Community Member's Name: _____

Name of Organization: _____

Position: _____

Signature: _____ Date: _____

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