

YOUTH LEADERSHIP ACADEMY

APPLICATION FORM

Return Form to: Youth Academy Coordinator 410-887-1394 Youth & Community Resources Unit 700 E. Joppa Road, Towson, MD 21286 youthacademy@baltimorecountymd.gov

Applicant:	Last Name	Suffix	First Name	Middle Name	
Address:	Street Address		City	State ZIP Code	
Date of Birt	h Age	Sex	Race	Precinct of Residence	
School Attended:			Grade:		
Driver's License #:			T-Shirt Size:		
Daytime Phone Number:			Evening Phone Number:		
Cell Phone Number:			Email Address:		
Name and phone number of person to be notified in case of emergency:					
Name: Phone:					
Reference:	Must be a non-relative adult, i.e. Teacher, School Counselor, School Resource Officer, Religious Advisor, Employer, etc.				
Name:			Phone:		
Title:			Email Address:	Email Address:	
NOTE:	Application continued on second page and must be completed. Applicant to submit a one page typed essay about yourself and why you want to be considered to attend. Applicants will be selected at the discretion of the Youth Initiatives Team based on the quality of the essay and reference provided.				
Signature: _			Date of Applie	cation:	
Do Not Write Below ThisLine					
Background Check: Satisfactory Unsatisfactory					

YOUTH LEADERSHIP ACADEMY ESSAY