

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