

## TEEN LEADERSHIP APPLICATION FORM

DUE MAY 15, 2015

### TEEN LEADERSHIP IS FOR YOU IF . . .

- You will be a high school sophomore during the 2015-16 year
- You want to meet teens from the south Wood County area
- You like to take part in exciting activities
- You want to have a voice in your community
- You want to develop your leadership potential
- You like to learn about issues affecting your future

### TO GET STARTED . . .

**Review** the Teen Leadership brochure for an overview and goals.

**Total cost** is \$50 for program materials, lunches, opening retreat, and the graduation recognition event; payment and signed participation form are due at Orientation in August.

**Please contact** Dawn Vruwink at 715.423.3863 if there is a need for financial assistance.

**A complete application by the student must include:**

1. Completed application form
2. Parent/guardian and principal signature
3. Letter of recommendation

**Applicants will be notified of their participation status by June 26.**

## INSTRUCTIONS FOR STUDENT

1. Please print clearly or type. This is a competitive process; neatness counts! Use this form – do not attach a separate sheet of paper.
2. Answer the application questions on your own. The selection committee would like to get to know **YOU**, so feel free to express your personality. Complete all the information and sign your name.
3. Have your Jr. High School principal sign the form, thereby excusing you from class on *Teen Leadership* session days.
4. Have your parent or legal guardian sign the form, thereby granting permission for you to participate.
5. Enclose one letter of recommendation from any adult in your life other than a parent, legal guardian or relative. Additional letters will not be considered. Letter of recommendation should be no more than one page and include the following:
  - How will the student benefit from being in Teen Leadership?
  - How long have you known the applicant, and in what capacity?
  - What do you consider the student's primary strengths?
  - Any other information you would like to share about the applicant.
6. Students are responsible for submitting a complete application package, which includes:
  1. Completed application form
  2. Parent/guardian and principal signature
  3. Letter of recommendationAn incomplete application may result in denial of participation.
7. Late applications will not be considered. Return your completed application package by **May 15** to:

**incourage**  
community foundation

Incourage Community Foundation  
478 E Grand Ave  
Wisconsin Rapids, WI 54494

**Questions?** Call Dawn Vruwink at 715-423-3863.

**TEEN LEADERSHIP • A PROGRAM OF INCOURAGE COMMUNITY FOUNDATION**

**Student's Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Circle if you have: Facebook | Text message

Current High School \_\_\_\_\_

Current GPA \_\_\_\_\_

Elementary School Attended \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please describe yourself:

- Female                       Male
- African Heritage             Asian Heritage (specify) \_\_\_\_\_
- Caucasian                     Hispanic Heritage     Native American Heritage
- Other (specify) \_\_\_\_\_

Food-vegetarian/allergy: \_\_\_\_\_

**If selected, you will be expected to attend each session in its entirety.**

Teen Leadership orientation is scheduled for students and parents on August 12, 2015, 6:30-7:30 pm. Sessions are scheduled once per month beginning with a retreat on Wednesday, September 16, 2015. The majority of sessions will meet on the third Wednesday of each month, 10 am – 3 pm, through April 2016. Please see the Schedule for specific dates. A graduation recognition event will be held in May.

This program is intended to encourage and develop leadership potential in 10th graders and is designed for students of all levels of leadership ability.

**The following questions** will help the Advisory Committee determine each applicant's leadership experience.

**Why are you interested in participating in Teen Leadership?**

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**What volunteer or leadership roles have you taken on within your school or community?**

Please list:

School Activities
Community Activities

**What are your interests?** (Hobbies, possible career goals, school and community involvement; what do you like to do in your spare time?)

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**What do you like about your community?**

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**What does leadership mean to you and what do you expect to gain from this program?**

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**Describe one personal accomplishment that you are most proud of, and why:**

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## Parent/Legal Guardian

I hereby grant my permission for the student named on the application to apply for Teen Leadership and if selected, to participate in the program. I hereby give consent for the student's quotes and photograph to be taken during session days or otherwise for Teen Leadership business and promotions. The student is excused from regular school attendance during session days. I understand there is **\$50 fee (due at Orientation in August)**.

### Release:

In granting permission for participation in Teen Leadership, I hereby release and hold harmless the sponsoring agencies from and against any loss, damage, accident, or expense arising out of, or in any way related to, participation in Teen Leadership, acknowledge that I have carefully read this release and understand its impact and effect. I acknowledge that if I had any question regarding this release, that I have exercised my right to have it reviewed and further explained to me prior to my signing.

### Transportation:

Please check the appropriate box -

- Yes, my child may drive or ride with another student in Teen Leadership  
 No, my child may not drive or ride with another student in Teen Leadership

### Medical Care and Disclosure:

I hereby give permission to the supervisors and instructors, and any other trained medical personnel to treat the student named in a situation that requires medical attention. I authorize said supervisors and instructors to seek such medical advice, treatment, and services as they deem necessary, in their sole discretion, which may be necessitated because of any injury or illness the child suffers because of participation in the activities of Teen Leadership.

I further agree to accept any financial responsibility for the care and treatment of such injuries or illnesses and for such further medical services which are required, even though all attempts to contact responsible parties have failed and there is urgency with respect to treatment, or in the case in which benefits of my health insurance have been depleted and additional medical expenses or loss of income occur.

I understand that any medication the student may need for severe allergies (including bee stings), asthma, or other such medication condition(s) must be brought with the student to the program.

I have read the foregoing document in its entirety, fully understand the same, and am freely and voluntarily signing my name to it.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

**If more than one parent/legal guardian authorization is required, please complete the following:**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

**Applicant**

I hereby certify that all information contained in this document is true and accurate to the best of my knowledge. I hereby give consent to the Teen Leadership Advisory Committee to access and release all of the above information and any information related to Teen Leadership, including my photograph and quotes, as necessary to conduct Teen Leadership business and promotions. I understand that I may revoke consent for release of information and promotion at any time in writing.

I hereby understand that Teen Leadership consists of four components: interactive sessions, Meet a Community Leader, a Community Project and Grantmaking. I further agree to actively participate in each of these areas and understand that participation is a requirement for graduation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Jr. High School Principal/Administrator**

I hereby grant my permission for the student named above to participate in Teen Leadership. If selected, the student will be excused from regular school attendance during session days.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Jr. High School Principal/Administrator Signature \_\_\_\_\_  
*(No other signatures accepted.)*

Return application package to:



Incourage Community Foundation  
478 E Grand Ave  
Wisconsin Rapids, WI 54494