

YELL Youth Leadership Program

Sponsored by CHAMBER



It's your life-take charge.

APPLICATION 2023-2024

(Must be high school junior during 2023-2024 school year)

Name: (please print)		
Address:		
City:	_ Stat e:	Zip:
Home Phone:	Cell Phone:	
Male Female School:		
Date of Birth:	T-Shirt Size:	
Other School Activities You Are Involved In:		
NOTE: Transportation will NOT be provided to and from YELL sessions.		
TWO Recommendations/Signatures are REQUIRED (One must be your guidance counse-		
lor or high school principal)		
1	Relationship:	
2	_ Relationship:	
High School GPA:(Must be 2.5 or high	ler)
Please attach a ONE-PAGE <u>typed</u> essay on what leadership means to		

<u>Parental Permission Release and Waiver:</u>

I hereby give permission for . _ to participate in all aspects of the YELL program, including field trips, activities and other necessary aspects of the program. I understand that my child may be photographed for marketing and advertising purposes. I also understand that if my child misses MORE THAN TWO sessions or if there is a discipline issue, he/she may be dismissed from the program. I also understand that my child is expected to conduct himself/herself in a manner of professionalism, courtesy and respect for others at all times during the program. I also waive any and all rights and claims for damages that I may have against the sponsoring parties or any individuals associated with this program for any and all loss, injuries or death.

Signed:

_ Date: _

DEADLINE FOR APPLICATIONS: June 15 (Mail to YELL, PO

Box 848, Greenwood, MS 38935. You may also bring application to the Chamber of Commerce, 402 Hwy. 82 West) You can also EMAIL your application to info@greenwoodms.com OR give to your school counselor before school is out.