



# YELL Youth Leadership Program

Sponsored by

It's your life-take charge.

## APPLICATION 2021-2022

(Must be high school junior during 2021-2022 school year)

Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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 counselor or high school principal)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

High School GPA: \_\_\_\_\_ (Must be 2.5 or higher)

Please attach a ONE-PAGE typed essay on what leadership means to you and why you would be a good candidate for the YELL program.

### Parental Permission Release and Waiver:

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: July 1** (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](mailto:info@greenwoodms.com).