

## **YELLYouth**

## Leadership Program

Sponsoredby



## **APPLICATION 2025-2026**

(Must be high school junior during 2025-2026 school year)

Name: (plea	se print)			· 	
Address:					
City:		State:	Zip:		
Home Phone	e: Cell I	Phone:	Male	Female	
School:		Dat	e of Birth:	T-Shirt Size:	
Parent/Guar	dian:				
Other School Activities You Are Involved In:					
Food or other allergies/conditions we need to know about:					
** If you are enrolled in the MDCC Middle College Program, you will NOT be able to participate in YELL due to scheduling conflicts.					
NOTE: Transportation will NOT be provided to and from YELL sessions. Also, missing more than TWO sessions					
	esult in student not being ab		-	<del> </del>	
	· -	•		ounselor or high school principal)	
1	Relationship:				
2.					
	High School GPA:	(Must	be 2.5 or higher)		
	Please attach a ONE-PAGE <u>typed</u> 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 pern and other necessa my child misses M pected to conduct	nission for ry aspects of the program. I understand ORE THAN TWO sessions or if there is a himself/herself in a manner of professi	to part I that my child may be photo discipline issue, he/she may onalism, courtesy and respec	graphed for marketing a be dismissed from the p t for others at all times	he YELL program, including field trips, activities nd advertising purposes. I also understand that if rogram. I also understand that my child is ex- during the program. I also waive any and all n this program for any and all loss, injuries or	
Signed:			Date:		
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DEADLINE FOR APPLICATIONS: June 10 (Mail to YELL, PO Box 848, Green-

wood, 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.