

ALBANY CHAMBER YOUTH LEADERSHIP 2018-19 APPLICATION

Name: _____ Gender: M F

School: _____ Grade: _____

Parents/Guardians Names: _____

Address: _____

Your Phone #: _____ Your email: _____

Recommended by: _____

List some of the activities that you have been involved with:

What are some of your future goals in life?

Why would you like to participate in the Albany Chamber Youth Leadership program? What do you hope to gain from this experience?

Note: this program requires missing one day of school per month (typically the 2nd Tuesday) from September-May. Program attendance is required to participate.

APPLICATION DEADLINE: APRIL 6TH, 2018

Return to: _____

For school officials only: Attendance : _____ Grades: _____ Approved by: _____

Interview Date/Time: _____ Score: _____