



**Youth Leadership Academy of Madison County**  
 c/o Anderson University ■ 1100 E. 5th Street ■ Anderson, IN 46012-3462  
 (765) 641-4050 ■ Fax (765) 641-3843  
 A program of Leadership Academy of Madison County

# NOMINATION FORM

## INSTRUCTIONS

1. Complete the entire form.
2. Type or print all the information
3. Limit answers to space available
4. Form must be signed by both the nominee and a parent
5. Return to YLA by April 29, 2011

## COST

Tuition is based on a sliding scale according to the ability of the family to give.

Suggested Levels of Tuition

Tuition	Family Income
\$500.00	\$75,000 & over
\$350.00	\$60,000-\$75,000
\$250.00	\$30,000-\$60,000
\$150.00	\$30,000 & under

## CRITERIA

Youth Leadership Academy of Madison County is committed to providing leadership development and training to a group of motivated students who represent a diversity of racial, ethnic and socio-economic groups in Madison County.

Interested nominees should:

- Demonstrate their leadership potential for community trusteeship.
- Exhibit interest in community service
- **Attendance at camp is mandatory.** (July 22-24 2011)
- Commit to FULL PARTICIPATION AND ATTENDANCE in all YLA programs. (You must attend 80% of our session to graduate)
- Maintain satisfactory academic, attendance and citizenship records.
- Tuition will be due upon acceptance in the program.

## STUDENT RECOMMENDATION

A student recommendation needs to be completed by someone from the nominating agency.

## ATTENDANCE

Due to a limited number of positions in the class, **a commitment to the program and full attendance at each activity is expected.** If you cannot make a full commitment to the program, please do not apply.

## PERSONAL INFORMATION

Full Given Name: \_\_\_\_\_

Preferred Name (for nametags): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

**The YLA does not discriminate on the basis of gender, race, religion, or national origin.**

School presently attending: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Referring school or agency: \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_

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

Phone number \_\_\_\_\_

Parent(s)/Guardian(s) workplace, address and phone number (in case of emergency):  
**(Please list both parents)**

\_\_\_\_\_  
\_\_\_\_\_

Alternate emergency name and phone number: \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATIONS AND ACTIVITIES**

Please list any school, volunteer, religious, social, athletic or other activities in which you have participated. Explain what role you play in these organizations.

Activity

Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE**

List any job experience, full or part-time, and briefly tell what was involved.

\_\_\_\_\_  
\_\_\_\_\_

Do you currently have a job? \_\_\_\_\_ If yes, where do you work? \_\_\_\_\_

Will your employer make reasonable accommodations, so you can participate in YLA?  yes  no

If no, please explain the situation \_\_\_\_\_

\_\_\_\_\_

## PERSONAL PROFILE:

1. Describe three qualities which best illustrate your leadership potential.

---

---

---

2. What two leadership traits do you hope to improve most through YLA?

---

---

3. What is the biggest issue high school students are wrestling with today?

---

---

4. Why do you want to participate in YLA?

---

---

5. What do you hope to gain through this experience?

---

---

6. If you could improve one thing in our community, what would it be and why?

---

---

## STATEMENT OF AGREEMENT

- I understand that attendance at all YLA sessions is expected for graduation.
- My behavior and participation will always reflect positively on YLA and my sponsoring agency.
- YLA is a drug and alcohol free program, and I will abide by those standards during all YLA events.
- I realize that I am a representative of all youth and I will at all times represent them honorably.
- I authorize YLA to take appropriate measures if I cannot fulfill this agreement.

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_