



Youth Leadership Oconee Application

Objective: To provide opportunities for young adults to develop leadership skills and the community awareness necessary to address challenges facing Oconee County.

Who should apply:

- Current 10th and 11th grade students living or educated in Oconee County (including home-schooled students) who want to further develop their leadership skills and channel those skills towards helping others and improving their community.
- Current or emerging youth leaders who want to take on more active leadership roles in their school or community.

Before applying, please review the following program dates and the attendance requirements.

<i>Date</i>	<i>Time</i>	<i>Program</i>
Monday, September 30	6:00-7:00 pm	Student & Parent Orientation
Saturday, October 5	9 am-5 pm – UGA Challenge Course	Team Building Retreat
Monday, November 11	4:30-7:30 pm	Oconee County Government & Services
Monday, December 9	4:30-7:30 pm	Business & Industry in Oconee County
Monday, January 13	4:30-7:30 pm	Education in Oconee County
Monday, February 10	4:30-7:30 pm	Arts & Tourism in Oconee County
Monday, March 17	4:30-7:30 pm	Agriculture in Oconee County
Sunday, April 27	5:00-6:00 pm	Graduation

Time Commitment:

- If selected, you commit to attending the all-day retreat, (5) program sessions and graduation.
- Being on time for all events and actively participating in all activities is mandatory for maximum benefit from the youth leadership program.
- You commit to **30 hours** of volunteer service through school, church, or community activities. Youth Leadership Oconee will provide community service opportunities throughout the year.

Applicant's Signature _____

Parent's Signature _____

DEADLINE: Friday, September 6, 2013

****This application is available for downloading, completion, and printing. Please contact Sarah Caven, Oconee Chamber Office Manager at scaven@oconeechamber.org or www.oconeechamber.org.**

(Please print, type or recreate on computer using same format. Do not add additional pages and limit response(s) to front of page only.)

PERSONAL INFORMATION:

Name _____
(last) (first) (name preferred)

Home Address _____
(Street and Number)

City _____ Zip Code _____ County of Residence _____

School _____ Grade _____ EMail _____

Home Phone _____ Cell phone _____

Date of Birth _____ Gender _____ Ethnic Background (optional) _____

Name of Parent or Guardian _____

Parent/Guardian E-Mail _____ Parent/Guardian cell phone _____

Are there any medical problems or allergies we should be aware of?

EMPLOYMENT: (if applicable)

(List current or most recent position first)

Employer	Title	Period of Service
----------	-------	-------------------

Job Responsibilities:

If you are selected for Youth Leadership Oconee, will your work hours be flexible to allow for full participation?

ORGANIZATIONS AND ACTIVITIES:

Please list activities, organizations, or hobbies in which you have been involved (clubs, athletics, volunteer/community service, religious, scouting, after-school lessons, etc.) and the role you played in the activities.

Activity/Organization

Role Played/Office Held (if applicable)

How long have you participated?

List any honors, awards or recognitions you have received:

If your participation in activities/organizations has been limited, please indicate the reasons.

Time Lack of interest Transportation Work Financial Reasons Family responsibilities Other (describe)

TUITION AND NEED-BASED FINANCIAL ASSISTANCE:

Tuition: \$150.00 – Tuition payment may be made in more than one installment. A deposit of \$75.00 must be paid at the retreat on October 5, 2013. The balance must be paid on or before January 10, 2014.

Financial Assistance: This is a need-based scholarship.

Youth Leadership Oconee is committed to providing financial assistance to those students who demonstrate a need. To do so, it is expected that those students who are able will pay full tuition, thereby ensuring the distribution of funds where they are most needed. A student's request for financial assistance will not affect acceptance into the program.

Do you expect to require financial assistance to participate in the program? Yes _____ No _____
If yes, what is the approximate amount you would need? _____

To be considered for financial assistance, please attach a one-page essay regarding your request for need-based financial assistance. The request for assistance must be signed by a parent/guardian.

All information will be confidential. Every effort will be made to provide assistance where it is needed.

RECOMMENDATIONS:

Along with your application, please submit two (2) completed recommendation forms (see attached). These recommendations should be written by the following adults outside your family:

- 1) One school official (teacher, counselor, club advisor, principal/headmaster, etc.) who knows you
- 2) One adult in the community (minister, employer, volunteer supervisor, etc.) who knows you

NOTE: Each recommendation must be returned in a sealed envelope with the endorser's signature across the outside flap.

Deadline for Applications: Friday, September 6, 2013

Return completed application (with two sealed and signed envelopes containing recommendations) to the Oconee County Chamber of Commerce.

**Youth Leadership Oconee
Reference Form**

Student's Name _____

Length of time you have known student _____

In what capacity have you known student? _____

1. This student would benefit from participation in this leadership program. Comments:	Disagree 1 2	Agree 3	Strongly Agree 4 5
---	----------------------	------------	----------------------------

2. This student could make positive contributions to the leadership program as a group member. Comments:	Disagree 1 2	Agree 3	Strongly Agree 4 5
---	----------------------	------------	----------------------------

3. This student has demonstrated leadership in the school and/or community. Comments:	Disagree 1 2	Agree 3	Strongly Agree 4 5
--	----------------------	------------	----------------------------

4. This student has a potential for developing or strengthening leadership qualities. Comments:	Disagree 1 2	Agree 3	Strongly Agree 4 5
--	----------------------	------------	----------------------------

5. Are there any problems (medical, emotional, behavior) of which the selection committee should be aware?

NAME _____ PHONE _____

ADDRESS _____

E-MAIL ADDRESS _____

Thank you for being candid and specific as you complete this recommendation. Please place the form in an envelope, seal and sign your name across the flap. The sealed envelope should be returned to the student prior to the application deadline of **Friday, September 6, 2013.**