APPLICATION FOR: Youth Leadership and Success Institute (YLSI) 2010-2011

Attention! YLSI meets every 1st and 3rd Saturday October 2010 through June 2011. Please send application and copy of 2 report cards; End of year and Mid year 2009 (not progress reports, please)

Date of Application: _____ Name of School _____Grade: _____

Student name: _____ Phone #: _____
Last First

Parent name: _____ Email:_____
Last First

Address:_____ Phone number: _____
Street City Zip

Referral/Source (How did you hear about us?) _____

Favorite subject:_____ Best subject:_____ Hardest class:_____

Worst class:_____ I need help with:_____

I'm strong in:_____

I want to be in YLSI because:_____

_____

_____

_____

_____

Emergency Contact Information:

_____ _____
Parent/Guardian Name **Contact number(s)**

_____ _____
2nd Emergency Contact Name **Contact number(s)**

Permission to call Ambulance (FYI: AT Parent/Guardian expense) Circle: Y / N
Insurance Carrier & Policy# _____ Insurance Phone#_____
Parent Signature: _____ Parent Name: _____

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