

# Student Application Requirements

#### **Application Process**

The consent of a parent or guardian is required in order to apply.

#### Orientation\*

Youth Leadership Polk begins with an orientation held on **Thursday**, **June 3rd 2021 from 4pm - 6pm**. This day is designed to create a team atmosphere amongst the participants.

#### Day Sessions

Youth Leadership Polk Capstone Program Experience is held from **Monday**, **June 7th 2021 through Friday**, **June 11th 2021**. Each day the session will run from **8:30am to 4:30pm**, with the exception of June 11th, 2021 which is Graduation (details can be found below). Lunch will be provided on each day session.

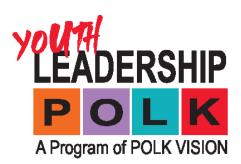
The full day sessions introduce participants to a variety of job opportunities and businesses in the area. Each session will include interacting with community leaders pertaining to the day session topic allowing for students to have meaningful discussions and provide ideas on how they can address these issues.

#### <u>Graduation\*</u>

Youth Leadership Polk concludes with a graduation held on **Friday**, **June 11th 2021 from 4pm - 6pm**. Each student may invite one guest to attend the event ceremony.

\*Mandatory attendance.





# **APPLICATION AGREEMENT**

Name: \_\_\_\_\_

## **Student Consent**

Full attendance by each student is recommended if Youth Leadership Polk is to meet its objectives and to graduate from the program.

If Accepted:

- $\Box$  I am aware of the program dates.
- □ I will clear my calendar to attend the mandatory Orientation and Graduation.
- $\Box$  I will commit to attend a minimum of 4 out of the 5 required day-long class days.
- □ I understand that if I miss two class days OR any of the mandatory events, I will be ineligible to continue the program.
- □ I understand that attendance requirements are strictly enforced in order to maintain the integrity of the program and out of respect for my fellow class members.

By signing this application, I agree to be bound by this commitment if I am selected for Youth Leadership Polk.

Date: \_\_\_\_\_

## **Adult Consent**

If my student is selected into the Youth Leadership Polk Program, I will guarantee my cooperation and support.

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Date:

Print Name: \_\_\_\_\_\_

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