



Youth Leadership McDuffie Application 2019-2020

Application Process

- ❖ Please complete each section in full
- ❖ Please attach two reference forms; one from a current educator and one from a community leader **outside of the education industry; family members are excluded from completing reference forms.**
- ❖ Completed application must be signed by both candidate and caregiver and be received no later than **Friday, May 17, 2019.**
- ❖ Candidate reference forms must be submitted by **Friday, May 24, 2019.**
- ❖ Candidate interviews will be scheduled on dates to be determined.
- ❖ Letters notifying the applicants of the selection committee results will be mailed in July, 2018.
- ❖ Questions: If you have any questions regarding the application or the Youth Leadership McDuffie program, please contact Angie Roberts, at 706-564-3259 or email at: yilmcd1819@gmail.com.
- ❖ **Applications should be turned in to the main office of your school in the box provided**
OR Mailed to:

*Youth Leadership McDuffie Selection Committee
C/O Thomson-McDuffie Chamber of Commerce
149 Main Street
Thomson Georgia 30824*

Youth Leadership McDuffie Selection Criteria

- ❖ Nominees must have the full support of their school, principal and parents/guardians.
- ❖ Candidates should be rising 10th or 11th grade students in good academic and behavioral standing.
- ❖ Attendance at the monthly session is mandatory unless an emergency arises and/or prior approval is granted.
- ❖ Class members are chosen on their own merits based upon the information completed in the application and during the interview process.

Confidential Application
(Incomplete Applications will not be considered.)

Name (Last) _____ (First) _____ (MI) _____

Address _____

Street

City

State

Zip

E-mail address _____

Home Phone _____ Cell Phone _____

Name of Parent/Guardian (1) _____
(Note address, if different)

Name of Parent/Guardian (2) _____
(Note address, if different)

Name of School _____

Birth Date _____ Gender _____ Rising: Sophomore Junior T-Shirt size _____

Areas of Interest in Studies

Hobbies/Sports/Extracurricular Activities:

Community/Volunteer Activities:

3. What are some of the most important issues/problems that teenagers face today?

**4. In your opinion, what are the three most challenging issues facing McDuffie County area today?
Please describe in detail.**

1.

2.

3.

Reference #1

(Current Teacher)

You have been selected by the student below to write a letter of reference for his/her participation in the Youth Leadership McDuffie Program. Please write a couple of paragraphs about the leadership qualities you see in this student and why he/she would be a great member of the next Youth Leadership McDuffie class.

Name of Student

First _____ **Middle** _____ **Last** _____

Address _____

Phone number _____ **E-mail** _____

High School _____ **Grade** _____ **DOB** ____ / ____ / ____

Name of Reference

First _____ **Last** _____

Address _____

Phone number _____ **E-mail** _____

How long have you known the applicant, and in what capacity do you know him/her? _____

Recommendation Statement

Reference Signature

Date

Applicants will not be considered for YLMcD without completed reference forms.

Please submit this form no later than Friday, May 24, 2019 in one of the following ways:

- 1) Place it in the YLMcD box located in the school's guidance office.
- 2) Scan and email to ylnmcd1819@gmail.com.
- 3) Mail completed form to Youth Leadership McDuffie 149 Main Street Thomson GA 30824

Reference #2

(Community Member – not a family member or current teacher of the applicant)

You have been selected by the student below to write a letter of reference for his/her participation in the Youth Leadership McDuffie Program. Please write a couple of paragraphs about the leadership qualities you see in this student and why he/she would be a great member of the next Youth Leadership McDuffie class.

Name of Student

First _____ Middle _____ Last _____

Address _____

Phone number _____ E-mail _____

High School _____ Grade _____ DOB / / _____

Name of Reference

First _____ Middle _____ Last _____

Address _____

Phone number _____ E-mail _____

How long have you known the applicant, and in what capacity do you know him/her? _____

Recommendation Statement

Reference Signature

Date

Applicants will not be considered for YLMcD without completed reference forms.

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