



2018-2019 FSYL YOUTH LEADERSHIP APPLICATION

Mission: To educate high school students on the importance of community leadership and trusteeship by expanding and engaging them in a variety of personal and leadership development activities.

Eligibility: Students who will be sophomores & juniors eligible to apply. Applicants must attend school or live in the Menomonee Falls or Hamilton Sussex School Districts.

- The following must be submitted by May 23, 2018 to be eligible. Class size is limited to 15 students per school. Spaces will be filled on a first-come, first-served basis.
- Completed permission form from parent and school counselor
- Completed application
- \$60.00 payment (please make checks payable to Menomonee Falls Chamber of Commerce)
(If any student needs financial assistance, please contact jane@fallschamber.com)

Please submit applications to:

Hamilton High School
ATTN: David Johnson

Menomonee Falls High School
ATTN: Student Svs. Mrs. Strupp

- This program is approved for National Honor Society volunteer hours.
- Each student must have a minimum of 10 volunteer hours
- **Attendance at each session is a requirement of this program. Absence from more than 1 session will cause removal from the program.**

PROGRAM SCHEDULE AND DATES

Tuesday, October 2, 2018	8:00 a.m. – 11:00 a.m.	Hamilton High School
Thursday, November 8, 2018	8:00 a.m. – 11:00 a.m.	Meno. Falls High School
Tuesday, January 8, 2019	8:00 a.m. – 11:00 a.m.	Kohls Innovation Center
Thursday, March 14, 2019	8:00 a.m. – 11:00 a.m.	Hamilton High School
Tuesday, April 16, 2019	8:00 a.m. – 11:00 a.m.	Fire Station on Lilly Road
Commencement – School Board Mtg. – April 8 th , 2019 @6:00 p.m. - Menomonee Falls		
April 15 th , 2019 @7:30 p.m. - Hamilton Sussex		

Dates, times and locations subject to change

Transportation is your responsibility

Parent/Legal Guardian:

I hereby grant my permission for _____ (name of student) to participate in Falls/Sussex Youth Leadership. I give consent for the student's photograph to be taken during sessions for business and promotions. I understand that the student is excused from class attendance during sessions. The student is not excused from any missed assignments and must make appropriate arrangements with their teachers.

Students are responsible for their own transportation to and from school and/or session locations.

Printed Name _____ Date _____

Parent/Legal Guardian Signature _____

High School Counselor:

I hereby grant permission for _____ (name of student) to participate in Falls/Sussex Youth Leadership. The student will be excused from class attendance during session times. The student is not excused from any missed assignments and must make appropriate arrangements with their teachers.

Students are responsible for their own transportation to and from school and/or session locations.

Printed Name _____ Date _____

High School Counselor Signature _____

Student Name:

Student Email Address:

PRIMARY CONTACT WILL BE THROUGH EMAIL

Student Phone:

High School Attending:

Grade in September 2018:

Do you require any special needs or accommodations?

Parent/Guardian Name:

Parent/Guardian Email Address:

Parent/Guardian Phone:

Please tell us (2 *paragraphs*) why you want to be part of Falls/Sussex Youth Leadership and what you hope to gain by participating.