

# 2022 Cobb EMC Youth Leadership Program Application

Name \_\_\_\_\_ Age \_\_\_\_ M \_\_\_\_ F \_\_\_\_ High School \_\_\_\_\_

**The signature below verifies that I am currently a High School Junior, and this is my first time entering the Cobb EMC Youth Leadership Program.**

Applicant's Signature: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

GPA \_\_\_\_\_ Intended Major \_\_\_\_\_ Career Goal \_\_\_\_\_

## Parent or Legal Guardian's Permission:

We have given our child/ward permission to enter the Cobb EMC Youth Leadership Program Competition. We understand there will be approximately six evening programs hosted by Cobb EMC. If selected, he/she also has our permission to attend the 2022 Georgia Youth Tour. We understand there will be no expense to us. Additionally, we agree that the decisions of the Youth Leadership Program Judges are final.

\_\_\_\_\_  
Signature of Parent/Guardian (Please Sign and Print Your Name) Date

## References:

**Please have two references, relatives excluded, comment as to why you should be considered as a Cobb EMC Youth Tour Delegate.**

**Examples - Teacher, Professional, Church Youth Group Leader, Community Leader, etc.**

### Reference #1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Occupation

Date



**List any extra-curricular activities outside of your school in which you have participated. (4-H, FFA, Scouts BSA, Church or Religious Groups, Community or Service Clubs). Additional pages may be attached.**

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**What do you believe is the most important aspect of leadership?**

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**“I would like to be part of the Cobb EMC Youth Leadership Program because...”**

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**What motivates you to succeed with short and long-range goals?**

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**Applicant’s Signature**

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**Date**

## Photo/Video Release

I hereby grant permission to Cobb EMC to use my/my child's photograph/video in the employee newsletter, in Cobb EMC's *Connections* member newsletter, on the Cobb EMC website or in other official printed publications without further consideration, and I acknowledge Cobb EMC's right to crop or treat the photograph/video at its discretion. Also, I acknowledge that Cobb EMC may not choose to use the photo/video at this time.

Student's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Approve

Decline

### Submit your YLP Application and Essay to:

Cobb EMC  
Attn: Mark Justice  
1000 EMC Parkway  
Marietta, GA 30061

Email - [youthleadershipprogram@cobbemc.com](mailto:youthleadershipprogram@cobbemc.com)

Fax - (678) 355-3124

**Application Deadline is October 21, 2021**