

2024 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

Cell 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. We understand there will be approximately six evening programs hosted by Cobb EMC. We agree 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 Leadership Program Delegate.

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

Reference #1

Signature Occupation Date

Reference #2

[illegible]

Signature

Occupation

Date _____

Tell Us More About You:

List recent school activities in which you have participated, and any special honors received during your high school attendance, i.e., class officer, drama, music, and athletics. Please include the length of time you participated and any comments.

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List any extracurricular 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.

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

“I would like to participate in the Cobb EMC Youth Leadership Program because...”

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

Applicant's Signature

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

Fax - (678) 355-3124

Application Deadline is October 3, 2023