

2025 Cobb EMC Youth Leadership Program Application

Name	AgeMFHi	gh School
The signature below verifies th my first time entering the Cobl	•	
Applicant's Signature:		
Home Address		
Street	City	Zip
Cell Phone	E-mail Address	
GPAIntended Major	Career	r Goal
Parent or Legal Guardia	an's Permission:	
We have given our child/ward per Program. We understand there we Cobb EMC. We agree the decision	vill be approximately six eveni	ng programs hosted by
Signature of Parent/Guardian	(Please Sign and Print Your	Name) Date
Character Reference: Please provide one reference, r considered a Cobb EMC Youtl Examples - Professional, Comr	h Leadership Program Deleg	gate.
Reference:		
	_	
	Occupation	Date

Tell Us More About You:

List activities in which you have participated, and any special honors received during your high school attendance, i.e., class officer, drama, music, and athletics.
Why do you want to participate in the Cobb EMC Junior Youth Leadership Program?
What motivates you to perform your best work?
What do you believe is the most important aspect of leadership?
What do you hope to learn as a participant in this program?

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 August 15, 2024