



# COBB EMC

## 2025 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

### Character Reference:

**Please provide one reference, relatives excluded, to explain why you should be considered a Cobb EMC Youth Leadership Program Delegate.  
Examples - Professional, Community Leader, Church Youth Group Leader, etc.**

### Reference:

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

\_\_\_\_\_  
Signature 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.**

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**Why do you want to participate in the Cobb EMC Junior Youth Leadership Program?**

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**What motivates you to perform your best work?**

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

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**What do you hope to learn as a participant in this program?**

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## 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 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**