

## 2026 Cobb EMC Youth Leadership Program Application

| Name            |   | Age           | MF            | High School    |              |
|-----------------|---|---------------|---------------|----------------|--------------|
| _               | below verifies th<br>25-2026. This is r<br>rogram.              |               |               |                |              |
| Applicant's Sig | gnature:  |               |               |                |              |
| Home Address    |   |               |               |                |              |
|                 | Street  |               | City          |                | Zip          |
| Mobile Phone    |   | E-mail A      | ddress        |                |              |
| GPAIı           | ntended Major   |               | Career        | Goal           |              |
| Parent or L     | .egal Guardia   | ın's Perm     | ission:       |                |              |
| Program. We u   | our child/ward pe<br>inderstand there w<br>e agree the decision | ill be approx | imately six e | vening program | ns hosted by |
| S               | Parent/Guardian   | (Please Sign  | and Print Y   | our Name)      | Date         |
| Character I     | Reference:  |               |               |                |              |
| considered a (  | e one reference, r<br>Cobb EMC Youth<br>ofessional, Comm        | ı Leadershij  | Program I     | Delegate.      |              |
| Reference:      |   |               |               |                |              |
|                 |   |               |               |                |              |
|                 |   |               |               |                |              |
|                 |   |               |               |                |              |
|                 |   |               |               |                |              |
|                 |   |               |               |                |              |
|                 |   |               |               |                |              |
|                 |   |               |               |                |              |

## **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 quality of a leader?  |
|   |
|   |
|   |
| 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 to:                                 |
| Cobb EMC Attn: Mark Justice 1000 EMC Parkway Marietta, GA 30061 |
| Email - youthleadershipprogram@cobbemc.com                      |

Please Note: Applying for the YLP is a two-step process

YLP Application Deadline: Tuesday, July 31, 2025

Fax - (678) 355-3124

YLP Quiz Night: Tuesday, August 12, 2025. A quiz will be administered in the Bo and Mary Jean Pounds Auditorium at Cobb EMC. The YLP Quiz Study Materials can be found on the website in the "How To Apply" section.