

**LEADERSHIP LOWNDES YOUTH**

**PARTICIPANTS:**

Participants in the Leadership Lowndes Youth program will be residents of Lowndes County and members of the Sophomore or Junior Classes.

**PURPOSE:**

The objectives of Leadership Lowndes Youth program include:

* Assist students in developing a sense of community and awareness of community issues.
* Assist students in developing leadership skills
* Provide an opportunity for students to network with other students and community leaders.
* Motivate students to become involved in service projects designed to address community needs and opportunities.

**SELECTION CRITERIA:**

Participants in Leadership Lowndes Youth are selected based on their recognized and potential leadership, and the merit of their application. The Selection Committee strives to achieve a geographical, racial, and socioeconomic balance in its selections.

**PROGRAMS:**

Students who are selected as participants in Leadership Lowndes Youth are **REQUIRED** to attend the retreat and Program Days. Participants will be exposed to various aspects of Lowndes County and hear from leaders in our community. Students will benefit from full participation in discussions, activities, and community service projects.

At the end of the program, participants will have a broader knowledge of Valdosta and Lowndes County. They will develop leadership skills and have a new network of relationships with students that have diverse backgrounds.

**ATTENDANCE POLICY:**

***It is mandatory that each student attend ALL EVENTS in order to receive credit for the program and graduate.***

If an emergency arises (i.e. illness or death in family), a written explanation must be submitted to the Leadership Lowndes Youth Vice President. The VP will determine if the absence is excused.

***NO ABSENCES are accepted for the retreat weekend, February 1-2, 2020*.**

**PROGRAM DATES:**

* Welcome Reception on Wednesday, January 15, 2020
* Retreat on Saturday and Sunday, February 1-2, 2020
* Program days: Approximate Time will be from 7:30 a.m. – 4:00p.m.
	+ Wednesday, February 12, 2020
	+ Wednesday, March 11, 2020
	+ Wednesday, April 8, 2020
* Active participation in a community service project selected by LLY
* Attend 1 City Council *OR* 1 County Commission meeting between January and March 2020
* Graduation on Wednesday, April 29, 2020

**For any questions regarding the LLY Application process, please contact us at** leadershiplowndesyouth@gmail.com

**APPLICATION INSTRUCTIONS:**

Applications and all attachments must be completed and returned by email to *leadershiplowndesyouth@gmail.com* no later than October 11, 2019.

Items to be submitted:

* Application, including:
	1. Personal Information
	2. Parental Information
	3. Employment (if applicable)
	4. Community/School Involvement
	5. Video (Must be no more than 3 minutes in length with applicant in business attire)
* Commitment to the Program
	+ Signed by both the Student and the Parent/Guardian
* School Commitment
* 2 Recommendations (either letters or attached forms)



**LEADERSHIP LOWNDES YOUTH**

**Due October 11, 2019**

**I. Personal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last Name) (First Name) (MI) (Name Preferred)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male/Female: \_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Parental Information:**

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last Name) (First Name) (MI) (Name Preferred)

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**III. Employment** (if applicable)**:**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Community/School Involvement:**

1. List no more than three (3) school and/or community related activities in which you have participated:

|  |  |  |
| --- | --- | --- |
| Name of School Club/Org/Sport | When Involved | What was your role? |
|  |  |  |
|  |  |  |
|  |  |  |

1. List no more than three (3) non-school related activities in which you have participated in the last 3 years:

|  |  |  |
| --- | --- | --- |
| Name of School Club/Org/Sport | When Involved | What was your role? |
|  |  |  |
|  |  |  |
|  |  |  |

1. List any special honors or awards received in the last 3 years.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Video:**

* Submit a video of the applicant answering the following 3 questions:
1. Introduce and tell the Selection Committee about yourself?
2. Specifically, what skills or knowledge do you hope to gain from participating in Leadership Lowndes Youth?
3. Why do you think you should be selected for the Leadership Lowndes Youth program?
* Video must be no more than 3 minutes.
* Applicant should wear business attire.
* You must email the video and application together to leadershiplowndesyouth@gmail.com

**Commitment to the Program**

#### STUDENT COMMITMENT

 **SCHEDULE OF EVENTS**:

* + Welcome Reception on Wednesday, January 15, 2020
	+ Retreat on Saturday and Sunday, February 1-2, 2020 (you must be present during the entire Retreat)
	+ Program days: Approximate Time will be from 7:30 a.m. – 4:00p.m.
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Please verify that you can attend ***ALL*** of these events ***BEFORE APPLYING*** to

Leadership Lowndes Youth.

You must attend each event, be on time, and participate fully.

ALL students must travel with the group.

*By signing below, I confirm that I understand and will comply with the attendance policy.*

Student Printed Name

#### Signature Date

#### PARENT/GUARDIAN COMMITMENT

This application has the approval of this parent/guardian and the applicant has my full support, which includes the time required to participate in the program. **We have reviewed the schedule of events for the program year and do not have any conflicts.**  (Please consider doctor’s appointments and other activities).

In addition, I understand that if my child is selected for the program, **our obligation is a non-refundable $150 participation fee**. The actual cost of the program is significantly higher and is largely underwritten by our generous sponsors and Leadership Lowndes Alumni.

Parent/Guardian Printed Name

Signature Date

#### SCHOOL COMMITMENT

The applicant has no significant disciplinary history, is currently a sophomore or junior during the 2019-2020 school year; and **this applicant has the approval of this school** and/or our full support (for GA BOE Home Study Students), which includes the time required to participate in the program during regular school hours.

 NAME OF HIGH SCHOOL

School Counselor or Principal Printed Name: Signature:



#### LEADERSHIP LOWNDES YOUTH

**RECOMMENDATION FORM DUE October 11, 2019**

Student’s Name: Date:

TO THE REFERENCE: The person listed above is an applicant to the Leadership Lowndes Youth program. It is an interactive, hands- on experience in the community, aimed at youth who are beginning to show leadership potential and an interest in the community. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. **The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.**

**Must be typed or handwritten in blue or black ink.** (NOTE: Recommendation letters that are typed can be placed on letterhead).

In what capacity have you known the student?

How could this student benefit from attending or participating in this leadership program?

What leadership or leadership potential does this student exhibit with his/her peers and with other individuals?

Additional comments to support your recommendation of the student:

**(For School Use Only)** Please comment on your knowledge of this student’s academic and behavioral performance:

Signature: Printed Name: Address: Phone:



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