

## Fremont Area Chamber Foundation

Presented by First State Bank & Trust

# **ELIGIBILITY REQUIREMENTS**

- Enrollment as a junior at Fremont High School, Archbishop Bergan Catholic High School, North Bend Central Senior High for 2017-18 academic year.
- > Students selected must commit to full participation in the program.
- Participants must have a desire to develop and utilize leadership skills.

#### INSTRUCTIONSNBNB

- Applications <u>must be typed</u> and submitted in hard copy (no electronic applications).
- Application forms are available in the Guidance office at your high School, the Fremont Area Chamber of Commerce or online at www.fremontne.org.
- > Complete the application with all the necessary signatures. Incomplete or late applications will not be considered.
- > Completed application and reference form is due by Thursday, April 27, 2017 at 5:00 p.m.
- For further information, contact Laura Daugard at the Fremont Area Chamber of Commerce office at (402) 721-2641 or laura@fremontne.org

# Submit applications to:

By Mail:

Fremont Area Chamber of Commerce Youth Leadership Academy 128 East Sixth Street Fremont, NE 68025

#### **Drop Off:**

Fremont Area Chamber of Commerce 128 East Sixth Street Fremont, NE 68025

#### **SELECTION PROCESS**

- Applications will be reviewed by the Leadership & Professional Development Council to ensure an unbiased evaluation of candidates.
- Finalists will be invited to an in-person interview from which the final class selection will be made. Interviews are tentatively scheduled for the beginning of May during lunch or after school.
- Successful applicants will be notified in writing by Monday, May 30, 2016.

# **GRADUATION REQUIREMENTS**

- Attendance is required at all sessions. The sessions will be held during the day until approximately 3:00 p.m. and should not interfere with after school activities. Every effort will be made to avoid conflicts with other school functions. Your teachers and coaches are aware of this program and your absence from school during these sessions will be excused. One excused absence from the program may be allowed under certain pre-arranged circumstances. Participation is a privilege, so attendance is your responsibility. Participants will have the opportunity to Graduate with Honors if they fulfill the requirements set by the planning committee.
- Prepare a brief presentation of a community and service learning project demonstrating the knowledge and leadership skills gained, which will be presented at the graduation banquet.

#### PROGRAM FUNDING

- The cost per participant is \$295. Students often pay for their tuition from their part-time job income, sponsors, service clubs, employers, or parents. Partial scholarships/sponsorships are available on a need basis. Each student is responsible for reporting their progress in the program to their sponsor throughout the year.
- Youth Leadership Academy is a program of the Fremont Area Chamber of Commerce.



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# YOUTH LEADERSHIP ACADEMY APPLICATION

# **PAYMENT OPTIONS**

First Name		Middle Initial		Last Name
School				
Home Phone		Cell	Phone	
Mailing Address				
City	State		Zip	
E-mail address				
Parent/Guardian Name(s)				
Parent/Guardian Home Phone				
Parent/Guardian Name(s)  Parent/Guardian Home Phone  Parent/Guardian Mailing Address  City	State		Zip	

# VISION

Youth Leadership Academy is designed to assist participants in developing leadership skills and in expanding their awareness of the social, economic, and political challenges facing the Fremont community. The Leadership Fremont Alumni Association believes that each participant has the potential to become a leader and valuable decision-maker in the future. In a new document, please provide your answers to the following questions:

- 1. Please explain what you hope to gain by participating in Youth Leadership Academy.
- 2. How do you believe citizens can contribute to the betterment of their communities?
- 3. What do you think are the two most significant challenges facing the Fremont area? Please be specific and for each challenge suggest a solution.
- 4. What are your long-range goals? Where do you see yourself in ten years?
- 5. What strengths do you feel you will bring to the Youth Leadership Academy program?

# **VOLUNTEER EXPERIENCE**

List any past or present volunteer experiences including dates volunteered and job duties.

# INTERNSHIP/WORK EXPERIENCE

List any past or present job experience including dates employed and duties. Start with your most recent.

# **AWARDS AND HONORS**

List awards, honors, or recognition for academic, school, or community related activities received from the 7<sup>th</sup> through 10<sup>th</sup> grades.

### **ORGANIZATIONS AND ACTIVITIES**

Please list, <u>in order of importance to you</u>, any school, religious, social, athletic, hobbies, or other activities or organizations in which you have participated in from 7<sup>th</sup> through 10<sup>th</sup> grade include your leadership responsibilities and involvement.

# REFERENCES

One completed reference form is **required**. Please include your sealed reference form with your application. References are recommended from someone who knows you well, other than a parent or relative. Your high school principal, counselor, teacher, coach, scout leader, church leader, etc. often make good references.

If you have questions, please contact Laura Daugard at the Fremont Area Chamber of Commerce office at (402) 721-2641 or via email at laura@fremontne.org.

#### **APPLICANT COMMITMENT**

"I understand the purposes of the Youth Leadership Academy program. If I am selected, I will devote my time and resources to complete the program. My attendance is expected at all sessions. If I miss more than one session, I understand that I may be asked to withdraw from the program.

In addition, I agree to complete assignments and projects required by the program. In signing this application, I understand and accept these commitments and agree to honor them.

Furthermore, I understand that my conduct at all times represents the Youth Leadership Academy program. As a role model, I pledge to make positive decisions that would be expected from an up and coming leader on my campus and in my community. I understand that inappropriate or illegal conduct outside of Leadership Academy activities may lead to my dismissal from the program and that my registration fee will be forfeited."

Signature of Applicant	Date
Signature of Parent/Guardian	Date
PRINCIPAL'S	AGREEMENT
Applicant's GPA (Grade Point Average) isstudent's application to Youth Leadership Academy and unsession each month, August through April and the student w	derstand that the student will participate in a one-day
Signature of Administrator or Guidance Counselor	- Date



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# PERSONAL REFERENCE FORM

(FROM AN ADULT, NON-FAMILY MEMBER)

This section is to be completed by	by the <u>Applicant</u> :		
Name of Applicant:			
F	irst	Middle	Last
Name of Recommender:			
*********The follo	wing section is to be	completed by an adult, non-fa	mily member*******
TO THE RECOMMENDER: qualification for the Youth Lead please return this form in a seale	lership Academy. Th	ne contents of your statement	determine this candidate's will remain confidential. (Note:
How long have you known the	applicant and in wha	t capacity?	
Please comment on each of the	following characteris	tics of the applicant.	
Initiative:			
Attitude:			
Leadership:			
Additional Comments:			
Recommender's Name (Please p	print or type)	_	Date
Signature			Daytime Phone Number

Please enclose this form in a sealed envelope, sign it across the seal and return this form to the applicant before Thursday, April 27, 2017.



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# SAFE ENVIRONMENT FORM

In the State of Nebraska, a child 18 years and younger is considered legally a minor. Parents of minors must provide the follow information prior to the child's participation.

Child's Name:		
	Parent Information	
Father's Name:		
Mailing Address:		
	City, State, and Zip Code	
Home Phone:	Work Phone:	
Cell Phone:	Email:	
Can we text you if need be? Y N		
Place of Employment:		_
Mother's Name:		
Mailing Address:		
	City, State, and Zip Code	
Home Phone:	Work Phone:	
Cell Phone:	Email:	
Can we text you if need be? Y N		
Place of Employment:		
Other Contact:		
Mailing Address:		
Training Fradress.	City, State, and Zip Code	
Home Phone:	Work Phone:	
Cell Phone:	Email:	
Place of Employment:		

# **Safe Environment**

Child's School and Grade:	
Allergies/Medications/Medicati	al Conditions?:
	cial needs?:
Are there any circumstances i	in your child's life that should be brought to our attention?:
	may we contact should you be unavailable?
Name:	
Mailing Address:	
	City, State, and Zip Code
Home Phone:	Work Phone:
Cell Phone:	Email:
Name:	
Mailing Address:	
	City, State, and Zip Code
Home Phone:	Work Phone:
Cell Phone:	Email:
Place of Employment:	

Thank you for helping us provide a safe environment for Youth Leadership Academy students!



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# PICTURE, VIDEO, QUOTES PERMISSION FORM

I give my permission for the Fremont Averbiage of	Area Chamber of Commerce to publish photographs, videos, and while participating in the Youth Leadership
Child's Name	
• 1 0	understand that these photographs, videos, and verbiage may be rents, students and other interested groups, and for other public
Parent/Guardian Signature	