

TEEN LEADERSHIP WASHINGTON COUNTY - 2010

Washington County Community Education Office
P. O. Box 262 - 120 Mackville Hill - Springfield, KY 40069
Phone #: 859-336-5470, Ext. 226
Email address: jill.settles@washington.kyschools.us

Please complete and return to Debbie McIntosh in the Youth Services Center or to Jill Settles at the Community Education Office located at the Board of Education Office.
Deadline: Wednesday, May 20, 2009. No application turned in after May 20th will be accepted.
This application must be typed. Handwritten applications will not be accepted.

Full Name:

Date of Birth:

Male:

Female:

Address:

City:

State:

Zip:

Phone Number:

Grade in 2009-2010 school year:

Parents'/Guardians' Names:

If selected, I will make a commitment to attend all Teen Leadership Washington Co. Program sessions.

Signature of Applicant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

.....
REFERENCES:

1.

Name

Address

Phone #

2.

Name

Address

Phone #

3.

Name

Address

Phone #

.....
For Office Use Only

Application # _____

Please answer the following questions. (Do not put your name on this page. Use additional sheet attached if more space is required.)

1. Please describe yourself – (use a few phrases or adjectives)

2. Please name three things that concern you most about life in Washington County.

1.

2.

3.

3. If you could change anything about Washington County and the communities within it, what would you change and how would you change it?

4. Why do you feel you would be a good candidate for Teen Leadership Washington County?

5. How do you perceive your participation in Teen Leadership benefiting you in the future?

FOR OFFICE USE ONLY APPLICATION # _____

Additional Space if needed: You may continue more than one question on this sheet. However, please put the number of the question you are responding to followed by the answer to that particular question. Do not put your name on this page.

